# CITY OF BALTIMORE

# HEALTH DEPT.

# BUREAU OF VITAL STATISTICS

# DEATHS

EP 23407

KODAK SAFETY FILM

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

# DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

RP 23007

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

# REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

**Record Identification**

| 1. TITLE: | 2. Form No. If available | 3. Type—(cards, paper, etc.) |
|---|---|---|
| Certificate of Death | | Bound Book |

| 4. Dates | 5. Volume accumulated yearly | 6. Size of Record | 7. Number of copies made |
|---|---|---|---|
| | | Misc. | One (1) |

8. Authorization Requested (check only one (1) of the squares below)

| A. Establish retention period for records which are accumulating daily. | B. Dispose of present accumulation, no additional accumulation anticipated. | C. Microfilm and destroy originals. | D. Microfilm and retain originals for length of time indicated below. |
|---|---|---|---|
| [ ] | [ ] | [ ] | [X] |

| 9. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 10. Equipment and space freed | 11. In your opinion does this record have any historical significance? |
|---|---|---|---|---|
| 12 yrs. | Micro. Perm. | 12 yrs. and Micro. Perm. | | YES [ ] NO [X] |

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

**Recommendation of Records Management Officer**

| 13. Recommended Retention Period a. In Dept. | b. In Storage Center | c. Total | 14. Disposal Method A. To be sold as scrap or waste paper | B. To be Burned or shredded | C. Historical, (to be transferred to Dept. of Legislative Reference.) |
|---|---|---|---|---|---|
| 12 yrs. | Microfilm Permanent | 12 yrs. and Microfilm Permanent | [ ] | [X] | [ ] |

REMARKS: 2 negative Rolls & 1 positive for hospital

C P Force Records Management Officer 3/28/63 Date

**APPROVALS OF RECORDS DISPOSAL COMMITTEE**

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT OF LEGISLATIVE REFERENCE

# NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28? 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Trumau

*Sex, Male* ~~*or Female,*~~ {cross out the word not required in this line.}

*Age,* 3 *Years,* ——— *Months,* ——— *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 57 Court and St

*Cause of Death,* First, (Primary,) Spinal disease

Second, (Immediate,) Hydrocephaloid

*Duration of last Sickness,* about 2 yr

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* July 28" 1880

*Undertaker,* John L. Jordan

*Place of Business,* Park ave

John A. Lemmon M. D.
~~Attended Deceased.~~

*Address,* Commissioners Hall
F. Hopkins

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by — 13, Dec 88

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41802.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 28 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* XXX

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number} 209 Canton Avenue

*Cause of Death* { First, (Primary,) Uraemia from Alcohol
Second, (Immediate,) .....

*Duration of last Sickness,* Two weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 29th 1880

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St

James E. Donnelle M. D.
Medical Attendant.

*Address,* 2918 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

*Permit No.* 41803,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Schankoff

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 2 0 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} ____

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 6 N Broadway Hotel

*Cause of Death,* {First, (Primary.) ____ Second, (Immediate.) Spasms

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* St Alfonsis Cemty

*Date of Burial,* July 28th

*Undertaker,* H. Enchlich

*Place of Business,* 244 Eastern Av

*Address,* ____

____ *M. D.*
Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

*Date of Death,* July 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Webb

~~*Sex, Male or*~~ *Female,* {Cross out the words not required in this line.} Female

*Age,* 78 *Years,* *Months,* *Days*

*Color,* Black

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Unknown

*Duration of Residence in the City of Baltimore,* about 25 yrs

*Place of Death,* {Give street and number.} 27 Orchard St

*Cause of Death,* {First (Primary.) old-age

{Second (Immediate.) Senile Bronchitis

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 29th

{*Undertaker,* Saml H. Pritchett

{*Place of Business,* 92 Druid Hill Ave

Th. S. Latimer M.D.

Medical Attendant.

*Address,* 187 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 41805

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 28 1881 BALTIMORE.

*Date of Death,* 26th July 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Lyons

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Saloon Keeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 Yrs

*Place of Death,* {Give street and number} 187 S. Charles

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 29 1881

*Undertaker,* C. F. Krause

*Place of Business* 209 Hanover *Address,* 57 Bank st

H. W. Welsby M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 23 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Mondy 26 of 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams Mate Infant

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Four *Years,* Five *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 18 Jordan Alley

*Cause of Death* First, (Primary,) Bilious

Second, (Immediate,) Bronchitis

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 28 1880

H S Irvine *M. D.*
Medical Attendant.

*Undertaker,* John C. Jones

*Place of Business,* No 63 Park *Address,* Northern Liberties

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

*Permit No.* 11807

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

*Date of Death,* July 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Spencer

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 65 yrs

*Place of Death,* {Give street and number} 480 Franklin st

*Cause of Death* {First, (Primary,) / Second, (Immediate,)} Old age.

*Duration of last Sickness,* 2 yrs

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem'y

*Date of Burial,* July 30th 1880

*Undertaker,* Henry Hilleken

*Place of Business,* 550 Fayette St

F. F. Benson M. D.
Medical Attendant.

*Address,* 187 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

# Board of Health, City of Baltimore,

Permit No. 41808

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Vogel

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* [illegible] *Years,* 7 *Months,* [illegible] *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,* Since Time

*Place of Death,* { Give street and number } No. 167 Wardens Alley

*Cause of Death,* { First, (Primary.) } { Second, (Immediate,) } Cholera Infantum

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* July 29 1880

*Undertaker,* [illegible]

*Place of Business,* 280 Gay St

[illegible] *M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. C. DUGANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 27th 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Jones

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 5 *Months,* 10 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No. 133 Sterling St.

*Cause of Death* First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,)

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* July 28th 1881

*Undertaker,* Wm. J. Jackson

*Place of Business,* 23 E. Lay St

Francis H. Janes M. D.
Medical Attendant.

*Address,* 105 N. Eutaw

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Th[illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Brown

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* Color

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Eastern Shore Maryland

*Duration of Residence in the City of Baltimore,* many years

*Place of Death,* {Give street and number} res on Lorenz Alley, bet Eutaw & Carlton

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate.) + Heart Desease

*Duration of last Sickness,* sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 29th 1880

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry

Edmund Wralke M. D.

~~Medical Attendant.~~

*Address,* Corner Mt & D

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV... ]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 27 July 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Sarah Jones

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* ——— *Years,* ——— *Months,* 16 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } No 5 Norris alley

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } No 5 Norris alley

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* July 29 1880

*Undertaker,* L. Wehrase

*Place of Business,* No 198 Howard St

M K Warner M. D.
Medical Attendant.

*Address,* Shocker & Greenwood

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Volk

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

*Age,* _____ *Years,* _____ *Months,* 4 *Days.*

*Color,* Wh

~~*Married, Single, Widow or* Widower,~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} E. Fayette & Eutaw (J. E.)

*Cause of Death,* First, (Primary,) _____

Second, (Immediate,) Tetanus of 4 months, bleeding from the navel string

*Duration of last Sickness,* _____

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* ~~July~~ July 29.

*Undertaker,* John Hennessy.

*Place of Business,* 382 Orleans St.

[illegible] M. D.
Medical Attendant.

*Address,* 245 E. Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 41813 OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Paul

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 92 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Scotland

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number.} 212 North Eutaw Street

*Cause of Death,* {First (Primary,) old age / Second (Immediate,)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 30th 1880

L. L. Mackenzie M. D.
Medical Attendant.

{*Undertaker,* R. Kennick Son
{*Place of Business,* 92 W. Howard St

*Address* 67 Franklin Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# *Board of Health, City of Baltimore,*

*Permit No.* 11814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah G. Keller

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* 16 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Butcher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number} 158 Fremont St

*Cause of Death* {First, (Primary,) Gangrene (Senile)
Second, (Immediate,) Pyaemia

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* July 29 1880

*Undertaker,* [illegible] Kennard

*Place of Business,* [illegible] Madison

J. F. Keller M. D.
Medical Attendant.

*Address,* 1222 W. Fiddle St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Regula Graflin

*Sex,* ~~Male or~~ *Female,* { cross out the word not required in this line. }

*Age,* 76 *Years,* ——— *Months,* ——— *Days.*

*Color,* white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Switzerland — 1 Years

*Duration of Residence in the City of Baltimore,* 91 Years

*Place of Death,* { Give street and number } 14 President St

*Cause of Death,* First, (Primary,) Senile decay

Second, (Immediate,) Dysentery

*Duration of last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* Fleet St. Canada

*Date of Burial,* July 29th 1880

*Undertaker,* Wm. J. Schaefer

*Place of Business,*

Wm. A. Clemens M. D.

~~Attending Attendant.~~

*Address,* Comm. of Health

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by Geo E. Taylor M. Hov. 81.

The Special Attention of Physicians is respectfully invited to the [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

**Permit No.** 41816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijo Brown

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Woodsaw

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Carroll County Md

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and number} Charleston Alley

*Cause of Death* {First, (Primary,) Old age

Second, (Immediate,) did not know

*Duration of last Sickness,* never was sick

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* July 31st 1881

*Undertaker,* [illegible]

*Place of Business,* 120 Charleston St

Not Certain M. D.

Medical Attendant.

*Address,* 555 W Lombard

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 41817

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. C. Phillips

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* white

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.} V

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 110 N. Bolton St.

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Effusion

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 30th 80

*{Undertaker,* Fry Bro

*{Place of Business,* 154 N Broadway

C. G. Lusk M.D.,

Medical Attendant.

*Address,* Balt & Pratt Sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 41818

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Schroffer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} St Josephs Hospital

*Cause of Death,* First, (Primary.) Consumption,

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* 30th of July

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Jay St *Address,* 188 N Eutaw St.

Wm. J. Baker M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward J. Finn

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Male.

*Age,* —— *Years,* 3 *Months,* 1 *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} Single.

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} New York City.

*Duration of Residence in the City of Baltimore,* 3 Days

*Place of Death,* {Give street and number.} 49 President St.

*Cause of Death,* {First (Primary,) Gastro Enteritis

Second (Immediate,) Meningitis

*Duration of Last Sickness,* 10 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* July 29th 1880

{*Undertaker,* Henry W. Means

{*Place of Business,* 45 N. Gay St

Jno. F. Powell M. D.
Medical Attendant.

*Address* 227 Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] of this

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rose McElee

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Years, 7 Months, Days.

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balti. Md.

*Duration of Residence in the City of Baltimore,* 7 mos.

*Place of Death,* {Give street and number} 5th Street S.E.

*Cause of Death* {First, (Primary,) Meningitis.
Second, (Immediate,)

*Duration of last Sickness,* Ten (10) Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 30 1880

H. L. Spence M. D.
Medical Attendant.

*Undertaker,* Robert J Byrne

*Place of Business,* [illegible] Address. 381 N. Lombard St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 29 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H Punney

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 19 *Years,* 9 *Months.* *Days.*

*Color,* White *Sex,* male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Queen's Town Queen's Anne's Co

*Duration of Residence in the City of Baltimore,* Ten years

*Place of Death,* {Give street and number.} Biddle St 5th door E of Green Mount Ave 20 minutes

*Cause of Death,* First (Primary,) Scrofula

Second (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* Four or five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Queenstown Md

*Date of Burial,* July 31st 1880

*Undertaker,* Wm J. Tirkner

*Place of Business,* 65 S. Eutaw st

F. A. McManus M. D.
Medical Attendant.

Address 71 Franklin St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 1853

# Board of Health, City of Baltimore,

*Permit No.* 41822

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lloyd A Tilson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 11 Months, 5 Days.

*Color,* Colored *Sex,* ———

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ——— ——— ———

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} # 2 Little Broadway

*Cause of Death,* First (Primary,) ———

Second (Immediate,) Diphtheria

*Duration of Last Sickness,* For 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto City

*Date of Burial,* July 29th 1880

*Undertaker,* [illegible]

*Place of Business,* 13 Jefferson st

H E Hooks M. D.
Medical Attendant.

*Address* 241 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McCurdy

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 69 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ...

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} 158 Druid Hill Avenue

*Cause of Death* { First, (Primary,) Apoplexy / Second, (Immediate,) Coma

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* July 31st

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Montgomery Brewer M. D.
Medical Attendant.

*Address,* 68 N Eutaw

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No* 41824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie B. Marshall

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* Two *Months,* ——— *Days.*

*Color,* Colored *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} No 5 Brewers Alley

*Cause of Death,* {First (Primary,) Cholera Infantum

Second (Immediate,) ———

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* July 30th

Thomas Scottington M. D.
Medical Attendant.

*Undertaker,* Robert H. Birtch

*Place of Business,* 99 Druid Hill Ave. *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 30 1891 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1891

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} August Litschke

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 43 *Years,* 4 *Months,* *Days.*

*Color,* W *Sex,* M

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Saloon keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number.} 314 Canton avenue

*Cause of Death,* First (Primary,) Chronic Gastritis —

Second (Immediate,) Morning Diar & Bowels

*Duration of Last Sickness,* Mine Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem'y

*Date of Burial,* July 30 "

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Av

Richard McSherry M. D.

Medical Attendant.

Consulting

*Address* 189 E Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Gus Ramoff

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 3 *Years,* 3 *Months,* 13 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 435 Canton

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,) Paralysis

*Duration of Last Sickness,* 15 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* July 31

*Undertaker,* Julius Koehler

*Place of Business,* Cross & Sharp

J Gilmour M.D.
Medical Attendant.

*Address,* 202 N Wolfe

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4182

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S AGENT
JUL 30 1881
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 29 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Bockman

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} ____

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Spasm

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* July 31st

____ *M. D.*
Medical Attendant.

*Undertaker,* ____

*Place of Business,* ____ *Address,* ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

*Permit No.* 41828

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* [illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdie Buchmeier

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 4 *Years,* 6 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} ____

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} ____

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Scarlatina

*Duration of last Sickness,* 4 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* July 30 - 81

*Undertaker,* [illegible]

*Place of Business,* [illegible]

____ *M. D.*
Medical Attendant.

*Address,* ____

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1881

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Bernard Sargent

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 4 *Years,* 4 *Months,* 7 *Days.* 7

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* { Give street and number } 1112 Eutaw St.

*Cause of Death* { First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* July 31st 1881

*Undertaker,* Wm. J. Sarver

*Place of Business,* 1218 Eutaw St

John F. Cox M. D.
Medical Attendant.

*Address,* 1112 Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] of this [illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Honora Gillen.

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 3 *Years,* *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } [illegible]

*Cause of Death* { First, (Primary,) [illegible] Convulsions

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* July 30 1880

*Undertaker,* Wm H Cook

*Place of Business,* No 707 W Baltimore street

[illegible] *M. D.*
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Morehead

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 62 *Years,* 7 *Months,* 3 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md.

*Duration of Residence in the City of Baltimore,* Most of his life

*Place of Death,* {Give street and number} 306 Franklin St.

*Cause of Death* {First, (Primary,) Paraplegia
Second, (Immediate,) Prostration

*Duration of last Sickness,* 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Western C.

*Date of Burial,* July 30 - 1880

{*Undertaker,* J. B. Blackistonson
*Place of Business,* 606 Balt St.

John L Pennington M. D.
Medical Attendant.

*Address,* 134 N Carrollton Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 41832

# Board of Health, City of Baltimore,

Permit No. 41833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Edward Gibson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 9 *Months,* ____ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} 196 Raborg St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Co.

*Date of Burial,* July 30 — 1880

*Undertaker,* J. B. Blenkinsopp

*Place of Business,* 46 Batt st

J. Shutt Steele M. D.
Medical Attendant.

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

*Permit No.* 41833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Noah Taylor

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } X X X

*Occupation,* X X X

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 10 Fair Mount Ave

*Cause of Death* { First, (Primary,) Meningitis / Second, (Immediate,)

*Duration of last Sickness,* 9 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* July 30, 1880

*Undertaker,* H. A Daiger

*Place of Business,* 74 S. Broadway

Jno C. Donnelly M. D.

Medical Attendant.

*Address,* 92 E. Baltimore Street,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41834

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 41834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1881

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Bennet

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 30 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } ____

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* { Give street and number } ____

*Cause of Death,* { First, (Primary.) ____ Second, (Immediate.) ____

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Baltimore

*Date of Burial,* July 31, 1881

*Undertaker,* H. A. Dargin

*Place of Business,* 714 S. Broadway

____ M. D.
Medical Attendant.

*Address,* ____

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

Permit No. 41835

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Hill

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 31 E. Eager St

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* July 31st 1880

*Undertaker,* Lee & Rudenmager

*Place of Business,* Eager St

Wm. Whitridge M.D.,

Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41836

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Hecker

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.} Male

*Age,* 6 *Years,* — *Months,* 6 — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 946. Hamburg st.

*Cause of Death* { First, (Primary,) Diphtheria Malignant
Second, (Immediate,)

*Duration of last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 1st 1880

{ *Undertaker,* Charles Koehler
*Place of Business,* Stump & Evans

C. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca st.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

*Permit No.* 41837

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Rafferty

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, and how long in the United States if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number} 172 E Lee Street

*Cause of Death,* First, (Primary,) Fracture of Skull

Second, (Immediate,) Compression of brain

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* July 30

Edward Rowe M. D.
Medical Attendant.

*Undertaker,* Carroll

*Place of Business,* N Howard St *Address,*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Young

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 10 *Months,* 28 *Days.*

*Color,* Col *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Green Willow st Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 56 Pine st. Balt

*Cause of Death,* First (Primary,) Scrofulae

Second (Immediate,) Meningitis & Hydrocephalis

*Duration of Last Sickness,* About 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* July 31st 1880

*Undertaker,* Bond & Lyra

*Place of Business,* 65 Mulberry st *Address*

James L Fulks M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathrine Horan

*Sex, Male or Female,* {cross out the word not required in this line.} —

*Age,* 3 *Years,* 9 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number} 90 E. Madison St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Scarlatina Anginosa

*Duration of last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 30th

Silas N Hamlen M. D.
Medical Attendant.

*Undertaker,* Leo Schilling

*Place of Business,* Ashland Square *Address,* 30 Fremont Av.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4184

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 30 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 28th 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella L Fountain

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 3 *Years,* 2 *Months,* 2 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balt. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number } 10 S. Amer St

*Cause of Death,* First, (Primary,) Scarlet fever

Second, (Immediate,)

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* July 29 1880

H. H. Hill *M. D.*
Medical Attendant.

*Undertaker,* John L. Gorsuch

*Place of Business,* N. E. Pratt

*Address,* 311 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas A. Young

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 38 *Days*

*Color,* White

*Married, Single, Widow or Widower;* {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balt.

*Duration of Residence in the City of Baltimore,* 28 Days

*Place of Death,* {Give street and number.} 79 S. Gruud

*Cause of Death,* {First (Primary,) ——— Second (Immediate,) Marasmus

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenlawn

*Date of Burial,* July 31st 1880

*Undertaker,* Wm Meeder

*Place of Business,* No 150 Canden

Penrose Dr. Hunter M. D.
Medical Attendant.

*Address,* 201 W Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4102

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 41845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Geer

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 23 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give street and number} 180 S Fulton Avenue

*Cause of Death,* First, (Primary.) Morbus Brightii of two years standing

Second, (Immediate.) Anasarca

*Duration of last Sickness,* Once month

All the above information should be furnished by the Physician.

*Place of Burial,* North Carolina

*Date of Burial,* July 30th

*Undertaker,* C. H. Blizzard

*Place of Business,* 197 Penna Ave

Thomas Opie M. D.
Medical Attendant.

*Address,* 581 Lexington St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Trans 1885

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 41843

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Fold

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* V

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 10 mo

*Place of Death,* {Give street and number.} 77 Elizabeth alley

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* July 31st

*Undertaker,* B. Hark

*Place of Business,* 411 Light St.

P. H. Ellis M.D.,

Medical Attendant.

*Address,* 315 Light St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 41844 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gooseberry

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* Blk

*~~Married, Single.~~ Widow ~~or Widower.~~* {Cross out the word not required in this line.}

*Occupation,* Wash Woman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} ~~Unknown~~ Baltimore city.

*Duration of Residence in the City of Baltimore,* During life time

*Place of Death,* {Give street and number.} No. 63 S. Dallas

*Cause of Death,* First, (Primary.) Rheumatism of the Heart

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St Cemetery

*Date of Burial,* July 31 1880

*Undertaker,* Thos J Locke

*Place of Business,* 73 Jefferson st

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

*Permit No.* 4 1 8 4 5

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lutter Bark

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* *Months,* 2 *Days.*

*Color,* Colored

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 59 Water St

*Cause of Death* {First, (Primary,) Marasmus

{Second, (Immediate,)

*Duration of last Sickness,* All his life

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* July 30 1880

*Undertaker,* Charles A White

*Place of Business,* 35 Grand *Address,*

Geo I Kummer M. D.
Medical Attendant.

Coffs E Hall

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41846

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *in every case*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Koplenberger

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 45 *Years,* 2 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Widow

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hessendarmestadt Germany 26 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 1113 Albemarle St

*Cause of Death* {First, (Primary,) Indigestion
Second, (Immediate,) Cancer of Stomach

*Duration of last Sickness,* almost 3 or 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 1st 1880

{*Undertaker,* Peter Frey
{*Place of Business,* 91 Eutaw Ave

G. A. Dahms M. D.
Medical Attendant.

*Address,* 8 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. (CITY) PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 41847

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie R. Walker

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number. } Clarkson st

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 31st

*Undertaker,* H. N. Covell

*Place of Business,* 131 Hanover St

Rexford Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 41[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Harget

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* 26 *Years,* —— *Months,* —— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} # 10 S. Arlington ave,

*Cause of Death,* First, (Primary,) "Phthisis Pulmonalis"

Second, (Immediate,)

*Duration of last Sickness,* About One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug. 1st 1880

*Undertaker,* J. E. Hoyt

*Place of Business,* 319 Penna ave

[illegible] M. D.
Medical Attendant.

*Address,* # 584 W. Fayette St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Hosking

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ... *Years,* 6 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number} #825 N. Baltimore St.

*Cause of Death* { First, (Primary,) Inanition
Second, (Immediate,)

*Duration of last Sickness,* Sick from Birth.

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,* ... 1880

*Undertaker,* ...

*Place of Business,* ... Baltimore

J. B. White M. D.
Medical Attendant.

*Address,* #30 N. Gilmor St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Edwards

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Fisherman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 29 S. Front St.

*Cause of Death* {First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* 3 Weeks.

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* July 31st 1880

J. W. Houck M. D.
Medical Attendant.

*Undertaker,* Jas. C. Byrne

*Place of Business,* 63 Fawn *Address,* 75 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41851

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Idea Burk

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 13 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 9 yrs

*Place of Death,* {Give street and number} 178 S. Central Ave

*Cause of Death* First, (Primary,) Intemperance

Second, (Immediate,) Typhoid Fever

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 31st 1880 A Wegthertzer M. D.

Medical Attendant.

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hurst Address, 11 S. Haight St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

No. 4

# Board of Health, City of Baltimore,

Permit No. 4/852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wilhelm

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Thirty-Seven *Years,* Three *Months,* Fourteen *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} # 21 N. Eden

*Cause of Death* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of last Sickness,* 5 or 6 years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* August 1st 1880

*Undertaker,* Wm. Weaver

*Place of Business,* # 202 N. Eutaw

Geo. A. Nathan M. D.
Medical Attendant.

*Address,* # 305 N. Caroline St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Following Rules:

# Board of Health, City of Baltimore.

*Permit No.* 41853

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE

*Date of Death,* July 30 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number}

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shuah St. Cemetery

*Date of Burial,* July 31

*Undertaker,* Hercules Ross

*Place of Business,* 94 Conway St

*Address,* 20 Shuah St

Dr. S. Bond *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

*Permit No.* 41854

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT JUL 31 1891 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* _____

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} _____

*Sex, Male or Female,* {cross out the word not required in this line.} _____

*Age,* _____ *Years,* _____ *Months,* _____ *Days.*

*Color,* _____

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} _____

*Occupation,* _____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} _____

*Duration of Residence in the City of Baltimore,* _____

*Place of Death,* {Give street and number} _____

*Cause of Death,* First, (Primary,) _____

Second, (Immediate,) _____

*Duration of last Sickness,* _____

All the above information should be furnished by the Physician.

*Place of Burial,* H. Altonaer Cem.

*Date of Burial,* July 31

*Undertaker,* Wendelin Dufpel

*Place of Business,* S. Bond st. 151

_____ *M. D.*
Medical Attendant.

*Address,* _____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BULLY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Albus

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 11 *Years,* 9 *Months,* ——— *Days.*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 276 N. Gilmor St.

*Cause of Death,* First, (Primary,) acute rheumatism

Second, (Immediate,) Spinal meningitis

*Duration of last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 1st August 1880

H. Albus M. D.
Medical Attendant.

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St. *Address,* 95 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1891 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30. 1890.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth 2 days.

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Spasm

*Duration of last Sickness,* When received

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 2. 1890.

*Undertaker,* Jno Bramhall

*Place of Business,* 106 Division St.

Martin Brown *M. D.*
Medical Attendant.

*Address,* 56 N Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t

No. 4

# Board of Health, City of Baltimore,

Permit No. 41857

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

Date of Death, July 31st, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Paul Cowman

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ Years, Four Months, Twenty Two Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} No. 460 East Monument Street

Cause of Death, First, (Primary.) ____ Second, (Immediate,) Cholera Infantum

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Dallas Cemetery

Date of Burial, July 31st 1880

Undertaker, Fred Otto

Place of Business, 154 N. Broadway

Wm H. Clendinen, M. D.
Medical Attendant.

Address, No. 102 N. Running

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 41858 OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPART JUL 31 1881 BALTIMOR

## CERTIFICATE OF DEATH.

*Date of Death,* 29th July 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} August Heinmann

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* 0 *Months,* 8 *Days.*

*Color,* White *Sex,* male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore.* Six years

*Place of Death,* {Give street and number.} 215 S. Eutaw st

*Cause of Death,* First (Primary,) Dysentery of Large

Second (Immediate,) Hemorrhage and exhaustion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* August 1st 1880

*Undertaker,* Conrad Smith

*Place of Business.* 60 Park Ave. *Address* 120 Paca st

Dr. H. Heldmann M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUL 31 1881 BALTIMORE.

*Date of Death,* July 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary H Titus

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.}

*Age,* One *Years,* 6 *Months,* 15 *Days.*

*Color,* col.

*Married, Single, Widow or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} Lewis 21 39

*Cause of Death* {First, (Primary.) Teething
Second, (Immediate,) Convulsions

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cem Green

*Date of Burial,* July 30.

E. C. Baldwin M. D.
Medical Attendant.

*Undertaker,* Charles A White

*Place of Business,* 35 Granby *Address,* 124 n. Exeter

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/1860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1860 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1860

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Vincent Noonan

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 22 *Days.*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* ✓

*Place of Death,* {Give street and number} 54 Mc Mechin St.

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate,) Marasmus.

*Duration of last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cem.

*Date of Burial,* Aug. 1st 1860

Claude Van Bibber M. D.
Medical Attendant.

*Undertaker,* C. F. Semmes

*Place of Business,* 4 Eutaw St. *Address,* 47 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1861 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 30 July

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Alexander Curdy

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* Two *Years,* One *Months,* ——— *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,* 2 years & One month

*Place of Death,* {Give street and number.} 65 President Street

*Cause of Death,* {First (Primary.)} Cholera Infantum.

{Second (Immediate,).}

*Duration of Last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* July 31st 1861

*Undertaker,* Jas O Byrne.

*Place of Business,* 163 Gunter

Alfred A Page M.D.

Medical Attendant.

*Address,* 91 South High St.

Lake 70 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1889 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31. 1889

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Polly

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 70 *Years.* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 114 Hillen

*Cause of Death* { First, (Primary.) Phthisis
Second, (Immediate,) Asthenia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 1

*Undertaker,* G H Perkins Jr

*Place of Business,* 132 Hanover

U. S. Boal *M. D.*
Medical Attendant.

*Address,* 206 Shaft St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

Permit No. 41863

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MD. 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moan

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, and how long in the United States if of foreign birth.} Ireland 30 years in U S

*Duration of Residence in the City of Baltimore,* 30 years in Balto

*Place of Death,* {Give street and number} Long Dock. Res 113 E Eager

*Cause of Death,* First, (Primary.) Accidental

Second, (Immediate,) Drowning

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Aug 1st

Edmund D Walker M. D.

~~Medical Attendant~~

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Fremont Ave *Address,* Coroners P D

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

KODAK SAFETY FILM

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 41864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUL 31 1901 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1901

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie E. Awbrey

*Sex, Male or Female,* {cross out the word not required in this line.} F.

*Age,* 4 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Monument & Eden.

*Cause of Death* {First, (Primary,) Diphtheria

{Second, (Immediate,)

*Duration of last Sickness,* 30 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 2nd

{*Undertaker,* Geo Schilling

{*Place of Business,* Oakland Bynum *Address,* 186 Aisquith St.

H. T. Reynolds M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

# Board of Health, City of Baltimore,

*Permit No.* 41865

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dunn

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 4 *Years,* ——— *Months,* ——— *Days.*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} 39 Marion St.

*Cause of Death,* First, (Primary,) Obscure

Second, (Immediate,) Peritonitis

*Duration of last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 1st 1886

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* Eighth St.

Clark Van Bibber M. D.
Medical Attendant.

*Address,* 47 Forrest Ave St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of B[illegible]

Permit No. 41866

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Ann Brown

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 50 *Years,* —— *Months,* —— *Days.*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

*Occupation,* Laundress.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 1111 North Dallas.

*Cause of Death,* First, (Primary.) Cancer of Womb

Second, (Immediate.) Anaemia + dropsy

*Duration of Last Sickness,* eighteen months

All the above information should be furnished by the Physician.

*Place of Burial,* Levondeemetery,

*Date of Burial,* Aug 1 1880

*Undertaker,* William Stump

*Place of Business,* No 62 East Street

Jno. S. Lynch M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

# Board of Health, City of Baltimor

Permit No. 41867

OFFICE OF REGISTRAR OF VITAL STAT

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31. 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Norris Raymund

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 0 *Years,* 16 *Months,* *Days.*

*Color,* wht

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } ——

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* { Give street and number } 87 Oak St

*Cause of Death* { First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Hamden Balto Co

*Date of Burial,* Aug. 2nd 1880

*Undertaker,* Chas Sonntag

*Place of Business,* Eutaw St

A Lane Tanenhill M. D.
Medical Attendant.

*Address,* 129 W Bedale

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

# Board of Health, City of Baltimore,

Permit No. 111868

OFFICE OF REGISTRAR OF VITAL STATIS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1888 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 31st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Edward Wilson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 5 1/2 *Days.*

*Color,* Colored

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} S Carrollton Ave

*Cause of Death,* First, (Primary.) Spasms

Second, (Immediate.)

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Shape St

*Date of Burial,* Dec 31st 1887

*Undertaker,* Wm H Dryer

*Place of Business,* 62 E Lee St

Thos A Kiley M. D.

~~Coroner~~ ~~Physician~~ Health

& Registrar

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Ent by John E Dreading

[OVER.]

# Board of Health, City of Baltimo

**Permit No.** 41869

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate at the Office of the Registrar of Vital Statistics, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Frederick Groenberg

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ... *Years,* 8 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 43 James al

*Cause of Death* { First, (Primary,) Cholera Infantum. Second, (Immediate,) Cerebral Meningitis

*Duration of last Sickness,* 6 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 2, 80

*Undertaker,* R. Hanks

*Place of Business,* 411 Lytle St.

C. H. Smith M. D.
Medical Attendant.

*Address,* 108 S. Stark St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

# Board of Health, City of Baltimore,

Permit No. 41870

OFFICE OF REGISTRAR OF VITAL STATIST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Jane Carnes

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* House keeper

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} England - 15 years

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 69 West Market Space

*Cause of Death,* {First, (Primary,) Overdose of Laudanum administered

Second, (Immediate,) by herself, (Vessel of Gum,)

*Duration of last Sickness,* 3 1/2 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 2nd 80

Edw. Reese Abbott M. D.
Medical Attendant.

*Undertaker,* Peter Fahey

*Place of Business,* 101 Bolt St

*Address,* Corner Pa. Ave.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

# Board of Health, City of Baltimore,

Permit No. 41871

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Anna Eva Berg~~ Anna Eva Berg.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 43 *Years,* 10 *Months,* 11 *Days.*

*Color,* White

*Married, ~~Single,~~ Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and number} 322 W. Pratt St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Scales

*Duration of last Sickness,* about 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 2nd 80

*Undertaker,* Adam Weidenmyer

*Place of Business,* 518 W. Baltimore St.

Louis Chew M. D.
for E. H. C. Medical Attendant.

*Address,* 226 Mulberry St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

*Permit No.* 41872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Schuh

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 5 *Months,* 13 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 486 Hartford ave

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,) "

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 2nd

*Undertaker,* Geo Schilling

*Place of Business.* Ashland & Lynar

A. G. Watson M. D.
Medical Attendant.

*Address* 437 W. Centre ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 44873

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE AUG 1 1880

## CERTIFICATE OF DEATH.

*Date of Death,* July 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Scott

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 295 E. Camden St.

*Cause of Death,* First, (Primary.) Intestinal Catarrh (Chronic)

Second, (Immediate.) " Cancer,

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 2nd

*Undertaker,* George Schilling

*Place of Business,* Ashland Square

G. H. Cook M.D.,
Medical Attendant.

*Address,* Balt. & Wash. Rd.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31- 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Canavan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female Canavan

*Age,* 7 5 *Years,* 5 *Months,* 21 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 years.

*Place of Death,* {Give street and number.} 256 N. Eutaw St.

*Cause of Death,* First (Primary,) Gnl. Tuberculosis-

Second (Immediate,) Asthenia.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 2d 1880

W. E. Moudey M. D.
Medical Attendant.

{*Undertaker,* Wm Weaver
*Place of Business,* No 202 N. Eutaw St

*Address* 248 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1113

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Ann Rollins

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 40 *Years,* ____ *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Alexandria

*Duration of Residence in the City of Baltimore,* 18 months

*Place of Death,* {Give street and number} 40 Oxford Street

*Cause of Death,* First, (Primary,) Pulmonary Hemorrhage

Second, (Immediate,) " "

*Duration of last Sickness,* A few minutes.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Meth Ep Ch

*Date of Burial,* Aug 1 1880

*Undertaker,* S Wheare

*Place of Business,* No 198 Howard St

J. B. B. Browne M. D.
Medical Attendant.

*Address,* 307 Madison Av

HEALTH DEPARTMENT BALTIMORE 1880

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1880 BALTIMORE 2H

## CERTIFICATE OF DEATH.

*Date of Death,* July 30 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Eliza Hawkins

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* One *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 132 York St.

*Cause of Death* { First, (Primary,) Hydrocephalus

{ Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* August 1st 1880

*Undertaker,* John H Owens

*Place of Business,* 22 S. Eutaw St

H. S. Boyce M. D.
Medical Attendant.

*Address,* 206 Sharp St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the [illegible] prompt.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harbaugh

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 3 *Years,* 8 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Mail Carrier

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Holland

*Duration of Residence in the City of Baltimore,* 21 yrs

*Place of Death,* {Give street and number} Belair Ave

*Cause of Death* First, (Primary,) Congestion of Brain

Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Aug 1st 1880

*Undertaker,* Wm. F. Hartman

*Place of Business,* 234 N. Gay St.

Geo F. Cord *M. D.*
Medical Attendant.

*Address,* Gardenville Balto Co

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 1 1880

## CERTIFICATE OF DEATH.

Date of Death, July 30 /80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Baptist

Sex. Male ~~or Female~~, {Cross out the words not required in this line.}

Age. 45 Years, Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} dont Know

Occupation, Convict

Birthplace, {State or country (and how long in United States, if of foreign birth.)} dont Know

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and number.} Maryland Penitentiary

Cause of Death, First (Primary,) Epilepsy

Second (Immediate,) "

Duration of Last Sickness, Unknow, Epileptic when admitted. 5 Minutes

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, July 30

{Undertaker, Patrick Mullin

{Place of Business,

Silas Baldwin M.D.
Medical Attendant.

Address, 152 Townsend St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE CITY DEPARTMENT AUG 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Catherine King

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 79 *Years,* 10 *Months,* 16 *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Life, except about 5 yrs.

*Place of Death,* {Give street and number} 324 Pennsylvania Ave.

*Cause of Death* First, (Primary,) Congestive Chill followed by

Second, (Immediate,) Acute Pulmonary Congestion.

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 2 1880

*Undertaker,* I. E. Hough

*Place of Business,*

Eldridge C. Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41889.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T Spidlin

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months,* *Days.*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 904 Forest St

*Cause of Death* { First, (Primary,) / Second, (Immediate,) Diphtheria

*Duration of last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Aug 2nd

*Undertaker,* Geo. Schilling

*Place of Business,* 42 Holland Square

Milton A Taylor M. D.
Medical Attendant.

*Address,* Broadway & McElderry's

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41371

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 1881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Witte

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Bohemia

*Duration of Residence in the City of Baltimore,* 6 Weeks

*Place of Death,* { Give street and number } 48 Abbott St.

*Cause of Death,* First, (Primary.) Entero-colitis

Second, (Immediate.)

*Duration of last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 2 1880 E. B. Fenby M. D.

Medical Attendant.

*Undertaker,* Henry Hoerle

*Place of Business,* 309 Central Ave *Address,* 319 N. Central Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 41882

# Board of Health, City of Baltimore,

*Permit No.* 41882

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Sims

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Sixty Eight *Years,* Six *Months,* — *Days.*

*Color,* Dark

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Eleven Years

*Place of Death,* {Give street and number} No. 213 Wagner St.

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Double Pneumonia

*Duration of last Sickness,* Seven Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 2d

*Undertaker,* Hercules Eoss

*Place of Business,* 15 Conway St.

J. Taylor Smith M. D.
Medical Attendant.

*Address,* 221 Barre St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma & Geo Ferguson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ~~——~~ *Years,* ~~——~~ *Months,* 7 hours ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 242½ Franklin St

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.) Convulsions

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 1st 1880

*Undertaker,* P. Kussmaul

*Place of Business,*

Edmund Cleaves M. D.

~~Residence, Baltimore~~

*Address,* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41884

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death, or before burial, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Farr

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Eighteen *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States. If of foreign birth.} Calvert County Md

*Duration of Residence in the City of Baltimore,* Born

*Place of Death,* {Give street and number} St. Gorkes

*Cause of Death* {First, (Primary,) Typhoid Fever
Second, (Immediate,) Inanition

*Duration of last Sickness,* Four Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cem. Co. Calvert Co Md

*Date of Burial,* August 2nd

*Undertaker,* S. H. Worthington

*Place of Business,* 81 York St *Address,*

Catharine Hall M. D.
Medical Attendant.
Residence Hospital
No 2 Pine St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1880 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1880 Elizabeth Volk

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Volk

*Sex,* ~~Male~~ *Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} S. E. Cor Pratt & Register St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of last Sickness,* 2 wks — Life

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Aug 2nd 1880

*Undertaker,* John Herwig

*Place of Business,*

Thos A Steen M. D.

*Address,* Board of Health Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam'd. Geo E. Taylor

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible] Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. McDavitt

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* Five *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* all life.

*Place of Death,* {Give street and number} 377 West Lombard St.

*Cause of Death* First, (Primary,) Cer. Spinal Meningitis. Typhoid

Second, (Immediate,) .....

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* August 2 1880

*Undertaker,* Mathew Cadogan

*Place of Business,* 22 Hanover St

*Address,* Cor Payson & Belnord Ave.

[illegible] M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 29th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents } Abraham Lincoln Tunnell

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 7 *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } No 87 N. Springs St

*Cause of Death* { First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 2nd 1880

Francis T. Sauer M. D.
Medical Attendant.

*Undertaker,* Wm. N. Lungren

*Place of Business,* No 6 East St

*Address,* 105 N. Central Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1888 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* .....

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

*Sex, Male or Female,* { cross out the word not required in this line. } .....

*Age,* ..... *Years,* ..... *Months,* ..... *Days.*

*Color,* .....

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } .....

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore, Md.

*Date of Burial,* Aug 2nd

*Undertaker,* P. Geary Sanders

*Place of Business,* 252 Baltimore

..... *M. D.*
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Queen

*Sex, ~~Male~~ or Female,* {Cross out the words not required in this line.}

*Age,* — *Years,* 1 *Months,* 9 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 161 S. Bethel St

*Cause of Death,* {First (Primary,) Disease of Nervous System

Second (Immediate,)

*Duration of Last Sickness,* 10 days & a half

All the above information should be furnished by the Physician.

*Place of Burial,* Elect 1st Cem

*Date of Burial,* Aug 2nd 1880

*Undertaker,* W. Frank

*Place of Business,* 13 Bank St

Charles C. Mosher M.D.
Coroner S.C.
Medical Attendant.

*Address,* 67 W Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41890

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Bowling.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male.

*Age,* —— *Years,* 4 1/2 *Months,* —— *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single.

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No. 1016 E. Biddle St.

*Cause of Death,* {First (Primary,) Marasmus

Second (Immediate,) 2 Months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* August 2nd 1880

{*Undertaker,* W. F. Curran

*Place of Business,* 58 S. Broadway

Jno. F. Powell M. D.
Medical Attendant.

*Address* 227 Carrollton Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 41891

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

Date of Death, Aug 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clements

~~Sex, Male or~~ Female, {cross out the word not required in this line.} Female

Age, 41 Years, 1 Months, 5 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give street and number} Saratoga Street No 45-6

Cause of Death, First, (Primary,) Bright disease

Second, (Immediate,)

Duration of last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetary

Date of Burial, Aug 3' 1880

J. H. Rollo M. D.
Medical Attendant.

Undertaker, J. D. Cook

Place of Business, 707 Baltimore Address, 25 North Gilmor st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 2
1889
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Loah

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* ____ *Years,* 9 *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Camden St 22

*Cause of Death,* First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug 2 1889

*Undertaker,* C. F. Krause

*Place of Business,*

Dr J Reinhardt M. D.
Medical Attendant.

*Address,* 224 West Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Keidel

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Store Keeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give street and number} Corner St Mary & Jefferson

*Cause of Death,* First, (Primary,) Carbuncle

Second, (Immediate,) Blood poison

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 4th 1880

*Undertaker,* Andrew Lutz

*Place of Business,* 114 Second St.

S. J. Knight *M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible] this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Connelley

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 4 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give street and number} 3 Lexington St

*Cause of Death,* First, (Primary,) Syphilis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* August 2nd

*Undertaker,* B. Funk

*Place of Business,* 411 Light St

R. B. Fishburne, M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nathan Dorf

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 7 *Months,* 20 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } U. S. A.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } No 289 E Pratt st

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) } Scarlet Fever

*Duration of last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* W. Hebrew Cemetery

*Date of Burial,* August 2nd 1880

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough st *Address,* 121 E Baltimore st

J. Ridgway Andre M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/1896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 2 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Chambers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 18. *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Male

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Barber

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number.} 8 S. Pine St.

*Cause of Death,* {First (Primary,) Meningites
{Second (Immediate,) Debility + Exhaustion

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery *Geo. L. Brewer* *M. D.*

*Date of Burial,* August 2nd Medical Attendant.

*Undertaker,* Wm H Bishop Jr *Address* 258 W Fayette

*Place of Business,* 77 Druid

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~July~~ August 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Louisa Hoffman

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 10 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 10 mos

*Place of Death,* {Give street and number} 24 Abe's Al.

*Cause of Death,* First, (Primary,) Whooping cough.

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Park Cemetary

*Date of Burial,* August 2nd 1880

R. B. Fishburne, M. D.
Medical Attendant.

*Undertaker,* C. F. Krauel

*Place of Business,* 207 Hanover St *Address,* ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41898

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41898

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Ellis

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* 5 *Months,* 21 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltr. Md, Life time

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give street and number} 109 N. Wolf St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Cemetery

*Date of Burial,* August 1-3

*Undertaker,* W. H. Hurley

*Place of Business,* Eden St

Weston M. D.
Medical Attendant.

*Address,* 195 N. Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41899

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Thomas

*Sex,* ~~Male~~ *Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ 5 *Months,* 16 *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 107 E. Bethel St

Med Institution

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Dec 2 1880

*Undertaker,* Chas J. Locke

*Place of Business,* Jefferson St

Thos H Steuart M. D.

~~Medical Attendant~~

*Address,* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E Taylor M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41900

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ira W. Sheddon

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 2 *Months,* ____ *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 12 N. Gilmor

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Cambridge Ford &c

*Date of Burial,* Aug 3rd 1880

*Undertaker,* Armstrong & Dean

*Place of Business,* 263 Light st.

J. W. Webster M. D.
Medical Attendant.

*Address,* 57 Barre st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

August 1880

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 41901 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 1/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Shultz

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* midwife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 yrs.

*Place of Death,* {Give street and number.} 255 S. Broadway

*Cause of Death,* First, (Primary.) Cholera Morbus

Second, (Immediate.)

*Duration of Last Sickness,* 48 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemty

*Date of Burial,* August 2d

*Undertaker,* H. Frochlich

*Place of Business,* 244 Eastern Av

C. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 41902 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos Brooks

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 4 *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } B. C.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } Marshall ave bet. Randall & Patterson

*Cause of Death,* First, (Primary.) Gastritis Irritativa

Second, (Immediate.) Convulsions.

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* August 3 1880

*Undertaker,* Nicholas F. Curran

*Place of Business,* 53 S Broadway

R. H. Ellis M.D.,
Medical Attendant.

*Address,* 315 Eutaw st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians [illegible] Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41903

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarrah Lizzie Read

*Sex,* ~~Male~~ *or Female,* {Cross out the words not required in this line.}

*Age,* 1 *Years,* 7 *Months,* *Days*

*Color,* Black

~~*Married*~~ *Single,* ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 192 ½ Garner St.

*Cause of Death,* {First (Primary,) Cholera Infantum

Second (Immediate,) 10 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 2nd

{*Undertaker,* C H Perkins &c

*Place of Business,* 130 Henrietta} *Address,* 406 Cross St.

L H L Pattl M.D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly *filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 2. 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant unnamed, give names of parents. } Florence Howard.

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 12 *Years,* *Months,* ~~Days.~~

*Color,* ed.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. }

*Occupation,* Nurse.

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* { Give street and number. } 47 Little Pleasant.

*Cause of Death,* First (Primary,) Typhoid fever

Second (Immediate,) Dropsy from syphilitic complication

*Duration of Last Sickness,* 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* August 2nd 1880

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry St.

Jno L. Jay M. D.
Medical Attendant.

*Address* Park Ave & Mulberry St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41905

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Kate Schneider

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 28 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Worker

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } No 294 E Pratt

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) } Cholera Morbus

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 3d '80

*Undertaker,* M. Franck

*Place of Business,* 280 Canton Ave

..... *M. D.*
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41906

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Henecke

*Sex, Male ~~or Female,~~* { cross out the word not required in this line. }

*Age,* ____ *Years,* 1 *Months,* 21 *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower~~* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number } 63 S. Wolf St.

*Cause of Death,* First, (Primary,) ____ Second, (Immediate,) convulsions

*Duration of last Sickness,* eleven hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem.

*Date of Burial,* Aug 3d 80

*Undertaker,* J. M. Evans

*Place of Business,* 282 Eastern Ave

Aug. H. Erich M. D.
Medical Attendant.

*Address,* 94 S. Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Beaver

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* 16 *Days.*

*Color,* ____ *Sex,* ____

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* ____

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 228 Eastern Avenue

*Duration of Residence in the City of Baltimore.* since birth

*Place of Death,* {Give street and number.} 228 Eastern Ave.

*Cause of Death,* First (Primary.) ____

Second (Immediate.) Whooping Cough

*Duration of Last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* August 3th

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond st. 151 *Address* ____

____ *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41908

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosin Scott

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 72 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Labourer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 138 N Caroline

*Cause of Death,* First, (Primary,) Senility - &c Found Dead in bed
Had been under my professional care - Cause
~~Second, (Immediate,)~~ Post-mortem deemed an inquest unnecessary

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Aug 3 1880

D M Cattell M. D.
Medical Attendant.

*Undertaker,* S W Chase

*Place of Business,* 19 & P Howard St *Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 41909

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* July 31, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Dyer

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 118 Wilcox alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cholera Morbus

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 2 : 1880

*Undertaker,* S M Chase

*Place of Business,* No 198 Howard St

Thos Reardon & Co M.D.,
Medical Attendant.

*Address,* 146 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 1 9 1 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverdi Ringgold.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 12 *Years,* 1 *Months,* 6 *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 40 Plum Alley

*Cause of Death* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* About one Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 2 1880

*Undertaker,* S M Chase

*Place of Business,* 198 Howard St

J. M. Bosley M. D.
Medical Attendant.

*Address,* Southern Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1900 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Monday August 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas J Hardwick

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* 6 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 52 Greenmount Ave

*Cause of Death,* First, (Primary,) Cholera Morbus

Second, (Immediate,) Collapse

*Duration of last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* [illegible]

Wilmer Smith M. D.
Medical Attendant.

*Undertaker,* George Schaefer Jr

*Place of Business,* 1811 Madison Ave *Address,* 25½ Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

No. 41912

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Cook

*Sex,* ~~Male~~ *Female,* {cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 11 *Months,* ~~—~~ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 271 Orleans St

*Cause of Death,* First, (Primary,) Destitution

Second, (Immediate,) Chol Infantum

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Ex Ct

*Date of Burial,* Aug 2nd 1880

*Undertaker,* W M Dugg

*Place of Business,*

Jas P Smith M.D.
Medical Attendant.

*Address,* Comm of Health
Examiner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jas P Smith [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41910

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 41913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Harris

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 5 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 378 E. Madison

*Cause of Death,* First, (Primary,) Malignant Dysentary

Second, (Immediate,) ____

*Duration of last Sickness,* Have visited since July 28th but she was sick some days before

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 3rd 1880

Amos E. Donnelly M. D.
Medical Attendant.

*Undertaker,* S. H. Byrne

*Place of Business,* Liberty St. *Address,* 99 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4 1914

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 4 1914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Antone Tompsner

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 8 *Months,* 20 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} So. Pt Wolfe St.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) 4 Months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michaels Cem

*Date of Burial,* Augt 3rd

*Undertaker,* Chas Braun

*Place of Business,* Baltimore St

Thos A Lewis M. D.
Medical Attendant.

*Address,* Comm of Health & Physician

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

*Date of Death,* August 2. 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Wilson

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 1 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } 3 Valentine Court

*Cause of Death* { First, (Primary.) Pneumonia
Second, (Immediate,) Asthenia

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 3rd 1880

*Undertaker,* Geo H. Perkins Jr. & Co

*Place of Business,* 130 Hanover St

J. S. Bond *M. D.*
Medical Attendant.

*Address,* 201 Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3d 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Watts Harriett.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Slave Peasant & Slave Owner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Prince George Co. Md.

*Duration of Residence in the City of Baltimore,* 43 years

*Place of Death,* {Give street and number} 465. Franklin St.

*Cause of Death* First, (Primary,) Cancer of the Stomach

Second, (Immediate,)

*Duration of last Sickness,* About 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial* August 5

*Undertaker,* W B Corbin

*Place of Business,* 707 West Baltimore

*Address,* Cor Fayette & Schroeder Sts.

T. C. Fox M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Cordelia Hillary

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 2 *Months,* 11 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All life

*Place of Death,* {Give street and number} #87 E. Fayett

*Cause of Death* { First, (Primary,) Inflammation of Lungs
Second, (Immediate,)

*Duration of last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Pt. Alb Cemetery

*Date of Burial,* August 4 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 309 N. Central

Geo H Hayson M. D.
Medical Attendant.

*Address,* #18 Asquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Requested.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore F Tiltner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 36 Rose Street

*Cause of Death,* First (Primary,) Scarlet fever

Second (Immediate,) Convulsions

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Caroline St Luthren Cemetery

*Date of Burial,* August 4th 1880

W. H. Wiltenden M. D.
Medical Attendant.

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St *Address* 2. High St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41919

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gotfried Maenner

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* 54 *Years,* — *Months,* — *Days.*

*Color,*

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Locksmith.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany — 30 years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 130 Saratoga St:

*Cause of Death* First, (Primary,) Congestion to Brain.

Second, (Immediate,) Fatal. vaunot. rev.

*Duration of last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* August 5th

*Undertaker,* Lah & Bartell

*Place of Business,* 62½ N. Ball St. *Address,* 131 W Fayette St:

[signature] M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 1 9 2 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* April 2d 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Seibert

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 4 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto Md. Since Birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 87 Strieper St

*Cause of Death* { First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* Aug. 3

C. J. Feldmann *M. D.*
Medical Attendant.

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Ave *Address,* 34

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41921

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 1 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna May Mc[illegible]

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.} Female

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

*Age,* 1 *Years,* 5 *Months,* ~~Days.~~

*Color,* White

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Snow Hill Maryland

*Duration of Residence in the City of Baltimore,* 12 Months

*Place of Death,* {Give street and number} No 200 Ann St

*Cause of Death,* First, (Primary,) Measels

Second, (Immediate,) Pseudo Membranous Croup

*Duration of last Sickness,* ~ 7 days ~

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Aug 4th

*Undertaker,* Henry Saunders

*Place of Business,* 252 Eastern Ave

Thomas J. Evans, M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 41922 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schilling Jr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* Two (2) *Months,* Twelve (12) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 247 N Bond Street

*Cause of Death,* First, (Primary.) Collegna tion Diorrhoea

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Aug 4th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

T. H. Shaw M.D.,
Medical Attendant.

Address, 247 N Bond St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2d 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Virginia Wallace

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* Two *Years,* Three *Months,* *Days.*

*Color,* White.

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 147 Bank St.

*Cause of Death* {First, (Primary,) Inflammation of the bowels,
Second, (Immediate,) Three weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug. 4th 1880

*Undertaker,* N. F. Curran

*Place of Business,* 53 S. Broadway

Nicholas L. Dukeo M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41924

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Johnson

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* — *Days.*

*Color,* Color

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 24 days

*Place of Death,* {Give street and number} 106 E. Spring St

*Cause of Death,* First, (Primary,) Gastritis

Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pres. Cemetery

*Date of Burial,* Aug 3rd 1880

James A Steuart M. D.

*Undertaker,* P. F. Mullen

*Place of Business,* S. P. Park ave

*Address,* Comm of Health

Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd. Geo E. Taylor (Clerk)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41926

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Johnson

*Sex,* ~~Male~~ *Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* ——— *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 1. Brewers Alley

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Convulsions

*Duration of last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 1st 1880

*Undertaker,* W. H. Bishop

*Place of Business,* 9 mid Hill

[redacted] M. D.

[redacted]

*Address,* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. B. Diggs — S. A.

[OVER.]

No. 41926

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Cole

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balt County

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number} 17 Canal alley

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate,) (Cerebral) probably

*Duration of last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cemetery

*Date of Burial,* Aug 2nd 1880

*Undertaker,* Geo I. Locks

*Place of Business,* Jefferson St

Edm F R Walker M. D.
Medical Attendant.

*Address,* Canton M & B

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Harris

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* about 63 *Years,* *Months,* *Days*

*Color,* C

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Worcester Co Md

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} 335 E. Balto St

*Cause of Death,* {First (Primary,) 3 Heart Disease

Second (Immediate,) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas F Cemetery

*Date of Burial,* August 4th 1880

*Undertaker,* Theo J. Locke

*Place of Business,* 83 Jefferson St

Chas. A. Wolff M.D.

Coroner E.D. ~~Medical Attendant.~~

*Address,* 67 W Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 41928

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Price

*Sex, Male or Female,* {cross out the word not required in this line.} ~~X~~

*Age,* ——— *Years,* 3 *Months,* 26 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} Henrietta st No 220

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) ———

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 3rd

*Undertaker,* G K Perkins & Co

*Place of Business,* 130 Henrietta st *Address,* 264 South Eutaw st

J V Shultz *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 2d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Lynch

*Sex, Male or Female,* {cross out the word not required in this line.} .....

*Age,* 1 *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 8 Potomac St

*Cause of Death* { First, (Primary,) Scarlet Fever
, { Second, (Immediate,) Sloughing of Throat

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* 4th August

*Undertaker,* M Clarke & Sons

*Place of Business,* 64 E. Balto St

..... *M. D.*
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 41930

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
AUG 3 1880
BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Worthington

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 14 *Months,* 26 *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number.} 28 Miller Ct

*Cause of Death,* First, (Primary.) Cholera Infts

Second, (Immediate.) Meningitis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemy

*Date of Burial,* Aug 4th 1880

*Undertaker,* J Daniel Rossing

*Place of Business,* 97 Orleans st

W. W. White, M.D.,
Medical Attendant.

*Address,* 319 S Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 41931

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 3 1899 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3 1899

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give name of parents.} Thomas H. Spencer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 8 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 17 Cambridge St.

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Asthenice

*Duration of Last Sickness,* Three (3) Days # I was called to visit this patient when on a visit to Mrs. Spencer's mother

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Ceme

*Date of Burial,* Aug 4th '99

*Undertaker,* M. Franco

*Place of Business,* 250 Canton Ave

Geo L Wilkins M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 1934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 3. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Bomberger

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 15 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 25 Durham St.

*Cause of Death* { First, (Primary,) Diarhoe
Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Aug 4th 80

*Undertaker,* H. France

*Place of Business,* 280 Boston Ave

J. Heidelberg M. D.
Medical Attendant.

*Address,* 357 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41933

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41933

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Ary. Ringold Jr.

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 32 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 27 Druid Hill Ave

*Cause of Death* {First, (Primary,) Cardiac dis; i.e Mitral Insufficiency
Second, (Immediate,) Dyspnoea

*Duration of last Sickness,* About 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetry

*Date of Burial,* August 5. 1880

{*Undertaker,* Samuel W. Chase
*Place of Business,* 198 S. Howard St

Eldridge C. Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41934

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41934

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aberdeen F Winters

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* Five *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Continuous

*Place of Death,* {Give street and number} No 97 S Lee St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Cerebral Meningitis

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 4th 1880

*Undertaker,* Samuel A. Chase

*Place of Business,* 98 S. Howard St

J. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hull St L. D. DYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41935

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Kirzinsky

~~Sex,~~ *Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 43 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Grocer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 40 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 282 Shore Street

*Cause of Death,* First, (Primary,) Pthisis pulmonalis

Second, (Immediate,) Marasmus

*Duration of last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cemetery

*Date of Burial,* Aug 4th 1880

*Undertaker,* Caspar E Kharatt

*Place of Business,* 269 Canton Ave

J Thomas M. D.
Medical Attendant.

*Address,* 94 E Monument

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Emeline

*Sex,* ~~Male~~ or *Female,* {Cross out the words not required in this line.}

*Age,* 1 8 *Years,* *Months,* *Days*

*Color,* W

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Inc

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} Cor Back Basin

*Cause of Death,* First (Primary,) 3 Drowned

Second (Immediate,)

*Duration of Last Sickness,* Sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Rom

*Date of Burial,* Aug 5th 80

*Undertaker,* M. Frazer

*Place of Business,* 20 Canton ave

Chas M. Moffit M.D.
Corner E. D
~~Medical Attendant~~.

*Address,* 67 E. Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 41937

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lew Wm Townsend

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* M

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 21 yrs

*Place of Death,* {Give street and number.} # 440 Fort ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Cider Hill Cemetery

*Date of Burial,* August 4

*Undertaker,* B. Hyde

*Place of Business,* 411 Light St.

L. P. Collins *M.D.,*

Medical Attendant.

*Address,* 315 Light St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible]

# Board of Health, City of Baltimore,

Permit No. 41938

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2 — 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Kirby

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* 17 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and number.} 4 Sumner st.

*Cause of Death,* First, (Primary.) Injury & Spinal

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 4 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* August 5th

*Undertaker,* B. Neary

*Place of Business,* 411 Light St.

R. McElvis *M.D.,*
Medical Attendant.

*Address,* 315 Light St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Rule 2 on this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R. Reed

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 11 Months, Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Always.

*Place of Death,* {Give street and number.} No 6 Lewis St.

*Cause of Death,* First (Primary,) Inanition

Second (Immediate,)

*Duration of Last Sickness,* From Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergreen

*Date of Burial,* Aug 4th 1880

John T. Conner M. D.
Medical Attendant.

*Undertaker,* Charles A. White

*Place of Business,* No 35 Granby st

*Address* 14 Asquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lannie R. Hilton

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 3 *Months,* 5 *Days.*

*Color,* White *Sex,* female

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Died her life

*Place of Death,* {Give street and number.} No. 90 Bank St.

*Cause of Death,* First (Primary,) Pulmonary Consumption

Second (Immediate.) Gradual asthenia

*Duration of Last Sickness,* She was first seen by myself August 16-1879 when there was a Compt. cavity in the left lung & softening in the right lung.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 5

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address* 1911 Lanvale St.

J. L. Chew M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4 1 9 4 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 1 9 4 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew P. Moran

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Seven *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since life

*Place of Death,* {Give street and number} Bethel & Monument Sts

*Cause of Death* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of last Sickness,* About Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug. 4th

*Undertaker,* J. W. Bateman

*Place of Business,* 234 E. Pratt

Mellon & Taylor *M. D.* Medical Attendant.

*Address,* Broadway & McElderry

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41912

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Radford

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 14 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 10 Point Lane

*Cause of Death,* First, (Primary,) Cholera Infantum.

Second, (Immediate,)

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co Md

*Date of Burial,* Aug 4th 1880

L L Gordon M. D.
Medical Attendant.

*Undertaker,* Dr John Radford

*Place of Business,* 10 Point Lane *Address,* 311 N Broadway.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to return within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

GUILANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Physicians on back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 41943

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora Forbes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 89 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prince Georges Co Md

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and number.} 89 York St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Old Age

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick city

*Date of Burial,* Aug 5th 1880

*Undertaker,* Jos B Gath

*Place of Business,* No 707 N Baltimore Street

Leonard Corbin M.D.,
Medical Attendant.

*Address,* 146 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1861 Trans

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 3rd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jones.

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 75 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

~~*Married,*~~ ~~*Single*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} Cor Conway & Sharp Sts

*Cause of Death* First, (Primary,) Sclerosis of Brain.

Second, (Immediate,) ———

*Duration of last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery.

*Date of Burial,* August 5th 1880

*Undertaker,* John Thacher

*Place of Business,* No 150 Camden

R. H. Tall M. D.
Medical Attendant.

*Address,* 152 South Sharp St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 41945 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 3/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Henderson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* whit

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Cit

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 206 Bank St.

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Methodist Ch

*Date of Burial,* August 4th

*Undertaker,* H. Frechtich

*Place of Business,* 244 Eastern Av

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1X

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 11946

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 3d August 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Robles.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 11 *Months,* ..... 9 *Days.*

*Color,* white

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give street and number} 217 S. Bethel Str.

*Cause of Death* { First, (Primary.) Dentitio difficilis. / Second, (Immediate,) Spasm

*Duration of last Sickness,* fourteen days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cmty

*Date of Burial,* August 4th

{ *Undertaker,* H. Frechlich / *Place of Business,* 244 Eastern Av

Robert Gunther M. D.
Medical Attendant.

*Address,* 121 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

AFETY ▲ FILM

No. 41947

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 41947

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1939 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelaide Kuber

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* / *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md. Same date

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 163 Chestnut St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* August 4th

E. J. Williams M. D.
Medical Attendant.

*Undertaker,* H. Frechtel

*Place of Business,* 244 Eastern Av *Address,* 1[illegible] Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK S

No. 41948

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41948

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Walker

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 64 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anna Arundel Co. Md.

*Duration of Residence in the City of Baltimore,* Came to Baltimore Aug 28th for treatment

*Place of Death,* {Give street and number} 16 E. Mulligan St

*Cause of Death,* First, (Primary,) Stricture of Oesophagus

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* about 10 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Annandel Co Md

*Date of Burial,* Aug 4 1880

*Undertaker,* Wilson Stonger

*Place of Business,* No 628 E Balt St

D W Cathell M. D.
Medical Attendant.

*Address,* 21 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41949

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 41949

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Morey

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Almaugh / Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Asylum of the Little Sisters of the Poor (St John and Valley) Sts

*Cause of Death,* First, (Primary.)

Second, (Immediate,) old age

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* August 4th 1880

*Undertaker,* Henry Thelheis

*Place of Business,*

Jno. Brooke Boyle M. D.
Medical Attendant.

*Address,* 166 E. Eager St.

AUG 4 1880 BALTIMORE

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermine Louise Coignet

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* ~~Years~~, ~~Months~~, 21 Days.

*Color,* White *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Livingston, Columbia County, New York

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} South Charles-str 98.

*Cause of Death,* First (Primary,) Inflamation of the Bowels

Second (Immediate,) Spasmi

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* 5th August 1880

*Undertaker,* F. W. Boll

*Place of Business,* 131 Hanover St

Adolph Boehm, M. D.
Medical Attendant.

Address

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41951

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1898 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3 1898

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carter Jefferson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* Five *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 181 South Wiltonby Court

*Cause of Death* { First, (Primary,) Whooping Cough
Second, (Immediate,) Asthenia

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Third Presb. Cemetery

*Date of Burial,* Aug 4th

*Undertaker,* G H Perkinpine

*Place of Business,* 131 Marietta

W. F. Bacon *M. D.*
Medical Attendant.

*Address,* 201 Third St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41952

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Sanders

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 10 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 65 Goodmans Alley

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Cem

*Date of Burial,* Augt 4th 1880

*Undertaker,* Geo W. Perkins M. D.

*Place of Business,* 130 Pennsylvania Ave *Address,* Comm of Health

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by — John E. Sunderland

No. 41953

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 41953

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2nd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Richard Hall

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 1 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* None

*Birthplace,* { State of country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 40 Frames

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Hedley Cemetery

*Date of Burial,* Aug 4

James R. H. Thane M. D.
Medical Attendant.

*Undertaker,* H Dupel

*Place of Business,* 151 S Broadway *Address,* 151 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1889 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 3d, 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter J. Govern

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 30. *Years,* — *Months,* — *Days*

*Color,* White

*Married, ~~Single~~, ~~Widowed~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto. City

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give street and number.} 124 N. Caroline St

*Cause of Death,* {First (Primary,) Laundice

Second (Immediate,)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Augt. 5

{*Undertaker,* W. Diffel

{*Place of Business,* S. Bond at 151

D. C. Jordan M.D.

Medical Attendant.

*Address,* 106 N. Liberty St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 41955

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 41955

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, August 3 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Graepner

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 Years, 4 Months, 2 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, None

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number} 137 S. Wolf Street

Cause of Death, First, (Primary,) Senile decay

Second, (Immediate,)

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Alpha House

Date of Burial, August 4

Undertaker, H Schnell

Place of Business, 151 S Bond

Daniel E. Hall M. D.
Medical Attendant.

Address, 8 S Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Trusheim

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 32 *Years,* 2 *Months,* 5 *Days.*

*Color,* with *Sex,*

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Corner Sharp & Hill-Str. Baltimore City

~~*Duration of Residence in the City of Baltimore,*~~

*Place of Death,* {Give street and number.} S. Sharp-Str. No 208

*Cause of Death,* {First (Primary,) Phthisis pulmonum

{Second (Immediate,)

*Duration of Last Sickness,* Eight months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 5th

{*Undertaker,* Henry Brice

{*Place of Business,* Lexington St. 81

Adolph Boehm, M. D.
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 41957

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

*Date of Death,* ...

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ...

*Sex, Male or Female,* {cross out the word not required in this line.} ...

*Age,* ... *Years,* 1 0 *Months,* 1 5 *Days.*

*Color,* ...

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ...

*Occupation,* ...

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} ...

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and number} ...

*Cause of Death* { First, (Primary,) ... Second, (Immediate,) ...

*Duration of last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* ...

*Date of Burial,* ... *M. D.*

Medical Attendant.

{ *Undertaker,* ...

{ *Place of Business,* ... *Address,* ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41958

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 1 9 5 8.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} not baptized. Infant daughter Elizabeth Miller.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* ____ *Months,* 17 *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Frederick Road Balto. Co. Md.

*Duration of Residence in the City of Baltimore,* 3 days.

*Place of Death,* {Give street and number} 504 Fremont St. North.

*Cause of Death,* First, (Primary,) Premature birth. Fœtal age about 7½ M.

Second, (Immediate,) Convulsions.

*Duration of last Sickness,* 17 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 5

*Undertaker,* Walter Timmel

*Place of Business,* 252 W. Baltimore *Address,* 520 Penna Ave.

H Rickert M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41959

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 41959

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E Browning

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 1 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 183 E Eager St.

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Marasmus

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* August 4th 80

Jno. Brooke Bayle M. D.
Medical Attendant.

*Undertaker,* Jos O Byrne

*Place of Business,* 6 S Eutaw

*Address,* 166 E Eager St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 41960

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John T. Jarrette

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 76 *Years,* 1 *Months,* 8 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Coal Dealer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Harford Co. Md.

*Duration of Residence in the City of Baltimore,* About 20 years

*Place of Death,* { Give street and number } 385 Franklin St.

*Cause of Death* { First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* Aug 6th 1880

*Undertaker,* John H Weaver

*Place of Business,* 129 N Eutaw St

A. C. Fe M. D.
Medical Attendant.

*Address,* Cor Fayette & Schroeder Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41961

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Alexander Fullerton

*Sex, Male or Female,* {cross out the word not required in this line.} male.

*Age,* 3 2 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Cotton sampler

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and number} 55 N. Caroline st

*Cause of Death* First, (Primary.) Pulmonary Tuberculosis

Second, (Immediate.)

*Duration of last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 6th 1880

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hanover St

Geo. Durant, M. D.
Medical Attendant.

*Address,* 27 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41962.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 4 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1890.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Rice.

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* 1 *Years,* — *Months,* 18 *Days*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

*Duration of Residence in the City of Baltimore,* all her life.

*Place of Death,* {Give street and number.} 838. N. Gold St.

*Cause of Death,* First (Primary,) Cholera Infantum,

Second (Immediate,) Cerebral Congestion,

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Alphonsus Cemetery

*Date of Burial,* August 5. 90

*Undertaker,* Philip J. Dell

*Place of Business,* 189. Columbia a,

John L. C. Hagen *M.D.*
Medical Attendant.

*Address,* City.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 41963

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Mestrill

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 1 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 32 Addison St.

*Cause of Death,* First, (Primary,) Pertussis

Second, (Immediate,) Convulsions

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Aug 5th 1880

John A Clem M. D.
Medical Attendant.

*Undertaker,* Jas P Byrnes

*Place of Business,* Front St

*Address,* Bureau of Health Regulations

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Exam by J. P. Smith

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 41964

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 5 1890 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* August 4th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Sweeney

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Peddler

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland 17 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 82 N. Spring St.

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* About eight (8) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* August 5th

*Undertaker,* George Schilling

*Place of Business,* Ashland & Lyman

J. L. Watkins M.D.,
Medical Attendant.

*Address,* 1 W. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 41965

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

8"

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Whilliam Fulps

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ 19 *Months,* ~~Days.~~

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Nineteen months

*Place of Death,* {Give street and number} 382 Asquith St

*Cause of Death* First, (Primary,) Brain Fever

Second, (Immediate,)

*Duration of last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 5, 1880

*Undertaker,* Henry Stoop

*Place of Business,* 304 Central Ave *Address,* N 20 N High St

John Gloom M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41966

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Koehler

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 53 *Years,* 8 *Months,* 27 *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cooper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany (Bavaria)

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 168 Hamburg St

*Cause of Death,* First, (Primary,) Peritonitis.

Second, (Immediate,) the same

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bolto Cemetary

*Date of Burial,* August 6.

Henry Salzer M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts.

*Address,* 168 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 21770

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jones

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Druid ~~Hill Ave~~ Hill Avenue 182

*Cause of Death,* First, (Primary,) .....
Second, (Immediate,) Pneumonia Acuta

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 5th 1880

*Undertaker,* Wm. H. Aickman

*Place of Business,* 234 N. Eutaw St.

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 N. Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permits for Burials to the Office whence issued, Saturday of each week.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 41968

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kanode

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Years, Eleven (11) Months, 10 Days.

*Color,* White

*~~Married, Single, Widow or Widower,~~* {~~Cross out the words not required in this line.~~}

*~~Occupation,~~*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 126 North Exeter

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Cholera Infantum

*Duration of Last Sickness,* Two (2) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* August 5th 1880

*{Undertaker,* L. [illegible] Keener

*{Place of Business,* Pac St

T. J. Ward M. D.
Medical Attendant.

*Address* 127 St Paul St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Mc Nally

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* ~~7~~ *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} County Roscommon Ireland

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give street and number.} 116 Hall St

*Cause of Death,* First (Primary,) Typho-Malarial fever

Second (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Texas, Balto. Co. Md. J. H. Powell M. D.

*Date of Burial,* August 6th 1880 Medical Attendant.

*Undertaker,* D. W. Myers.

*Place of Business,* #12 N. Balto. St. *Address* 92 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1863 Franklet

Permits for Burials, to the same when

No. 41970

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 3. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Toldi

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* 2. *Months,* 3. *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~~~

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} # 428 Hughes St

*Cause of Death,* First, (Primary,) Spasms.

Second, (Immediate,) 2 hrs.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 5th 1880

*Undertaker,* A. M. Yingling.

*Place of Business,* East St

Jno. T. Stewart M. D.

Medical Attendant.

*Address,* Commissioner of Health & Registrar

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Cert by Jno T. Stewart

[OVER.]

Permits for Burials to the [illegible]

No. 41971

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

*Permit No.* 41971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Johnson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* — *Months,* — *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} U S A

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 306 N Durham

*Cause of Death* {First, (Primary,) Effusion on the Brain

Second, (Immediate,)

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 6th 1880

*Undertaker,* Wm J Locke

*Place of Business,* 23 Jefferson

J Ridgway Andre M. D.
Medical Attendant.

*Address,* 121 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 41972

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4 — 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse O. Rice

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* w

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* 3 m

*Place of Death,* {Give street and number.} 116 Cookin St,

*Cause of Death,* First, (Primary.) Pertussis

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Stairview Balto. Co

*Date of Burial,* Aug. 6th 1880

{*Undertaker,* Denny & Mitchel

{*Place of Business,* 65 S. Broadway

R. H. P. Ellis M.D.,

Medical Attendant.

*Address,* 3-5 Eight st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Issued 1864

7

Permits for Burials, to the Office whence issued. Satisfactory

No. 41973

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 41973

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~carefully~~ filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Hester Newman

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* Eighty Two *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~* {Cross out the word not required in this line.} Widow

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Somerset county, Maryland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} No. 392 East Monument St.

*Cause of Death,* First, (Primary.) Heart disease

Second, (Immediate.) Dropsy

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug't 6th 1880

Wm. H. Clendinen, M. D.
Medical Attendant.

*Undertaker,* Foley & Bro

*Place of Business,* ____

*Address,* No. 102 N. Broadway

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*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burials to the Office whence issued, Saturday of each week.

No. 41974

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Cooper

*~~Sex, Male or~~ Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* — *Days.*

*Color,* C

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Washwoman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 73 Burgundy Alley

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) Collapse

*Duration of last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetary

*Date of Burial,* August 5

C. W. Cothran M. D.
Medical Attendant.

*Undertaker,* John H. Owens

*Place of Business,* 225 S. Eutaw

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

**Permit No:** 4197

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the denth of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Frey.

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 20 *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore*

*Place of Death,* {Give street and number.} Eastern Ave 91.

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) —

*Duration of Last Sickness,* Two Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 6th 1880

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave

John A Schultz M. D.
Medical Attendant.

*Address* N E Cor Gough & Edw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Barnet

HEALTH DEPARTMENT AUG 5 1880 BALTIMORE.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tobacconist & Liquor Dealer & Clerk of Market

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give street and number} 4 E. cor Baltimore & Schroeder Sts.

*Cause of Death* First, (Primary.) Apoplexy

Second, (Immediate,)

*Duration of last Sickness,* Sudden death.

All the above information should be furnished by the Physician.

*Place of Burial* Loudon Park Cemetery

*Date of Burial,* Aug 6th 1880

*Undertaker,* Wm B Cook

*Place of Business,* 1607 W. Baltimore street *Address,* Cor Fayette & Schroeder Sts.

A. C. Fox *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41977

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Robbins

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* — *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 126 Scott St

*Cause of Death* { First, (Primary,) Whooping Cough
Second, (Immediate,) Pneumonia

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 6

{ *Undertaker,* Hercules Ross
{ *Place of Business,* 15 Conway St

Wm. H. Black M. D.
Medical Attendant,

*Address,* 126 Scott

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* August 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Glenda Lucas

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* 3 *Years,* 2 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} # 1 Exeter South

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 6 1880

*Undertaker,* Henry Hook

*Place of Business,* 309 N. Central Ave

Sam'l J Beck *M. D.*
Medical Attendant.

*Address,* # 134 N. Exeter St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw Roberts

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* Middle aged *Years,* Say 45 yrs ~~*Months,*~~ *Days.*

*Color,* Col

*Married,* ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* ~~Sat~~ ~~Ho~~ Porter in store

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 21 Wilmot Alley

*Cause of Death* { First, (Primary,) Bright Dis

, { Second, (Immediate,)

*Duration of last Sickness,* about 6 months -

All the above information should be furnished by the Physician.

*Place of Burial,* West Laurel Cem

*Date of Burial,* Aug 6th 1880

*Undertaker,* John Riggborough

*Place of Business,* 319 E Baltimore Ave *Address,* 201 W. Biddle St

R. Winslow *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 5 / 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Pulbrook

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 22 *Years,* ____ *Months,* ____ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} No 265 Orleans St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 6 1880

*Undertaker,* S McChase

*Place of Business,* 198 Howard St

J W Chambers M. D.
per G. H. Taylor. 2nd D.
Medical Attendant.

*Address,* 222 N Broadway

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Sutton

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 5 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 189 Pine St

*Cause of Death,* First, (Primary,) Congestion of Bowels

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 6 1880

A. H. Sutton M. D.
Medical Attendant.

*Undertaker,* C. W. Chase

*Place of Business,* 98 Howard

*Address,* 43 Courtland St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41982

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 41982

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha ~~L.~~ Luelech

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 14 *Months,* ____ *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* ~~nine~~

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 216 N. Wolfe St

*Cause of Death,* First, (Primary.) ____

Second, (Immediate,) Colera Infantum

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mathai Cemt

*Date of Burial,* August 6, 1880

*Undertaker,* H. Hohmann

*Place of Business,* 63 N. Eden St

D D Geo ~~S.~~ *M. D.*
Medical Attendant.

*Address,* 139 Columbus St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DOLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Elizabeth Neary

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 107 S. Exeter St

*Cause of Death* { First, (Primary,) — Second, (Immediate,) Marasmus

*Duration of last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Aug. 6. 1880

A. Engelhardt M. D.
Medical Attendant.

{ *Undertaker,* M. A. Daiger
{ *Place of Business,* 74 S. Broadway *Address,* 11 S. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia A Knight

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 31 *Years,* — *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Entire lifetime

*Place of Death,* {Give street and number} 25 W Bond St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Aug. 6. 1880

*Undertaker,* H. A. Dorsey

*Place of Business,* 74 S. Broadway

D M Cattell M. D.
Medical Attendant.

*Address,* 2 W Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 41985

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 41985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schmidt

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 49 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} 192 East Monument

*Cause of Death,* First, (Primary,) Cholera Morbus

Second, (Immediate,) Paralytic condition

*Duration of last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Schwabs new B. Ground

*Date of Burial,* Aug. 7. 1880

*Undertaker,* M. A. Dwyer

*Place of Business,* 745 S. Broadway

Mathews M. D.
Medical Attendant.

*Address,* 247 E. Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 4 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Son of Mary Curran

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* One *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } 248 Hanover bet Water & Granite

*Cause of Death* { First, (Primary.) Teething & Sleep

{ Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pres. Cemetery

*Date of Burial,* Aug 6th 1880

*Undertaker,* J. A. Kershaw

*Place of Business,* ..... *Address,* 120 E Stuart St.

W. S. Bowers *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41987

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Henry Seifert

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 2 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number } 87 Streeper St

*Cause of Death* { First, (Primary,) Scarlet Fever
Second, (Immediate,) Convulsions

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* Aug. 6th, 1880

*Undertaker,* Henry Sander

*Place of Business,* 282 Canton Ave

*M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Miller

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* Black,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Not known

*Duration of Residence in the City of Baltimore,* about 3 Months

*Place of Death,* {Give street and number} 17 E. Sharp St.

*Cause of Death* First, (Primary,) Diarrhoea.

Second, (Immediate,) Convulsions,

*Duration of last Sickness,* Not known,

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pub. Cemy

*Date of Burial,* Aug 6th 1880

*Undertaker,* Fred A. Kerchner

*Place of Business,* S. Carrollton Av *Address,* Southern Dispensary

J. G. White M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Fenwick

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 94 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single,~~ Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Alexandria Va

*Duration of Residence in the City of Baltimore,* 85 Years

*Place of Death,* {Give street and number} S. E. Cor of John & Eden

*Cause of Death* {First, (Primary,) Old Age

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peter's Cemetery

*Date of Burial,* August 6th

{*Undertaker,* Wm. H. Heckman

{*Place of Business,* Bay near Mott St *Address,* 118 Hisquith

G. W. Taylor M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Howdi

*Sex,* ~~Male~~ or *Female,* {Cross out the words not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 19 Barnet Alley

*Cause of Death,* First (Primary,) Croup (membranous)

Second (Immediate,) 3

*Duration of Last Sickness,* abt 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* 7th August

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Gay St

Chas M. Morfit M.D.

~~Medical Attendant.~~ Corner E. D.

*Address,* Dr Walker Corner W. D. 67 Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 41991

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant, not named, give names of parents. } Christiana Dehn

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 72 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* { Give street and number. } 53 Conway st.

*Cause of Death,* First, (Primary.) Disease of the Valves of Heart Mitral

Second, (Immediate.) Congestion of the Lungs

*Duration of Last Sickness,* 18 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 8 1880

*Undertaker,* W. E. Dill

*Place of Business,* 183 Columbia Ave

Theodore Kemp M.D.,
Medical Attendant.

*Address,* 146 Hanover St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 41992

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 6 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Tolson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 20 *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. ✓

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} Battery av. Interval

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Paralysis of Lungs

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Calvary

*Date of Burial,* Aug 6 80

*Undertaker,* A. Stone & Son

*Place of Business,* 1218 Eutaw pl

H W Webb M.D.,
Medical Attendant.

*Address,* 57 Barre st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 41993.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 6. 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Shillinger

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 71. Johnson st

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 7 80

H. W. Nebelet M.D.,
Medical Attendant.

*Undertaker,* Wm Shuyler Sons

*Place of Business,* 26 Lib St *Address,* 57 Barre

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. [illegible]

# Board of Health, City of Baltimore,

*Permit No.* 41994

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 6 1880 BALTIMORE.

*Date of Death,* August 2 "

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Deaton Lowes

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Sixty *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Somerset Co Md

*Duration of Residence in the City of Baltimore,* Twenty five years

*Place of Death,* {Give street and number} 74 Gold st

*Cause of Death* First, (Primary,) Chronic Rheumatism

Second, (Immediate,)

*Duration of last Sickness,* about 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 7 1880

*Undertaker,* S McChase

*Place of Business,* 198 Howard st

William Hall M. D.
Medical Attendant,

Address, 22 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 41995

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate McCann

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 319 N Howard

*Cause of Death* { First, (Primary,) Phthisis — Second, (Immediate,) Asthenia

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Aug 7th 1880

*Undertaker,* Wm T Jenkins

*Place of Business,* 271 N Eutaw St

E. E. Shatard Jr. M. D.
Medical Attendant.

*Address,* 114 Park ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Ellis Coleman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* ——— *Months,* ——— *Days.*

*Color,* White *Sex,* Male

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Shoemaker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Cecil Co Md

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number.} N. Gay st near Exeter

*Cause of Death,* First (Primary,) Phthisis

Second (Immediate,)

*Duration of Last Sickness,* 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery C. L. Mahon *M. D.*

*Date of Burial,* Aug 7/80 Medical Attendant.

{*Undertaker,* Myers Bro

{*Place of Business,* 54 W Broadway *Address* 138 N. Gay st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11997

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Edwards

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* + *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa

*Duration of Residence in the City of Baltimore,* Four months

*Place of Death,* {Give street and number} 424 W. Chapel St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Aug 7 80

*Undertaker,* Fry & Leo

*Place of Business,* 54 & Broadway

G G Gayler M. D.
Medical Attendant.

*Address,* 222 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 41998.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Lee

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 2, *Months,* ..... *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} NW 921 N Durham

*Cause of Death* First, (Primary,) Acute Bronchitis

Second, (Immediate,) .....

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 6th 1880

*Undertaker,* Chas J Locke

*Place of Business,* 73 Jefferson

F. L. Russell M. D.
Medical Attendant.

*Address,* Broadway & Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 41999

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Steward Houston

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 2 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 241 Mulberry Street

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 7th 1880

John Neff M. D.
Medical Attendant.

*Undertaker,* F. Furio Schaefer

*Place of Business,* 109 N Fremont

*Address,* 555 W Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 420

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Virginia~~ April August 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virgin Gray

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Harrisburg Pa

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and number} 1 N Pollitor

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Harrisburg Pa~~

*Date of Burial,* Aug 7

L W Knight *M. D.*

Medical Attendant.

*Undertaker,* C. H. Blizard

*Place of Business,* 231 Pennsa *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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No. 42001

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42001

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Laraway (Laracy)

*Sex, ~~Male or Female,~~* {cross out the word not required in this line.}

*Age,* 31 *Years,* 2 *Months,* *Days.*

*Color,*

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Fireman No 6 Engine

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt- City

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number} 113 N. Eutaw

*Cause of Death* {First, (Primary,) Second, (Immediate,)} Pulmonic Consumption

*Duration of last Sickness,* Two Years

**All the above information should be furnished by the Physician.**

*Place of Burial,* Balto Cemetery

*Date of Burial,* Augt 8th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Fayette St

S. T. Boyce M. D.
Medical Attendant.

*Address,* 134

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...NY & CO. CITY P... KS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

*Permit No.* 42002

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Friday Aug. 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Riley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* 19 months

*Place of Death,* {Give street and number.} 70 Holliday St

*Cause of Death,* {First (Primary,) Marasmus

Second (Immediate,) Inanition

*Duration of Last Sickness,* 19 months —

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Sunday Aug 8th

*Undertaker,* Jos P Byrne

*Place of Business,* 61 & 63 N Front St

E. Wrisley M. D.
Medical Attendant.

*Address* 51 N Calvert St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42603

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

*Date of Death,* Aug 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie McClenahan

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 192 Harford ave

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis. When seen a few

Second, (Immediate.)

*Duration of Last Sickness,* nine months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Aug 7th

Geo. B. Reynolds M.D.,
Medical Attendant.

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount ave *Address,* 113 N Calvert

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42,004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Carriage Smith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and number} 168 N. Central Avenue

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* August 8 1880

*Undertaker,* Henry Hock

*Place of Business,* 168 N Central Ave *Address,* 137 N. Gilmor St

Appel Coates M. D.
Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42005

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6, 1880 - about 10, A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Conrad

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 6 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* ~~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 6 years.

*Place of Death,* {Give street and number} 135 N. Bond Street.

*Cause of Death,* First, (Primary.) Scarlatina Anginosa

Second, (Immediate,) Convulsions.

*Duration of last Sickness,* about 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* August 8, 1880. Smith Conrad M. D.

Medical Attendant.

*Undertaker,* Henry Hoeck

*Place of Business,* 306 S. Central Av. *Address,* 283 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WILLIAMS & CO. CITY PRINTERS AND STATIONERS.

No. 42006

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42006

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 6

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza E. Baby M. L. Hagerman

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. } (Parents)

*Age,* ..... *Years,* ..... *Months,* 6 *Days.*

*Color,* White

*Married, ~~Single,~~ Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } 383 [illegible]

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } 323 [illegible] Residence

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) [illegible]

*Duration of last Sickness,* 36 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 7th 1880

*Undertaker,* Peter Kennemert

*Place of Business,* 317 Mulberry St

[illegible] M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42007

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42007

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

*Date of Death,* August 6th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bindemann

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* ... *Years,* 13 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 13 Stockholm St.

*Cause of Death* { First, (Primary,) / Second, (Immediate,) Cholera Infantum.

*Duration of last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 8.

*Undertaker,* B. Hall

*Place of Business,* 411 Light St.

R. J. H. Tall M. D.
Medical Attendant.

*Address,* 152 Sharp St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1880 BALTIMORE

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Rodeis

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 62 Lancaster St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Sept 8th 1880

*Undertaker,* Henry Sanders

*Place of Business,* Eastern Ave

I Hereby Certify that I attended deceased from Sept 3rd 1880 to Sept 6th 1880 I saw deceased after death. Cause of death as above stated. Thos A Steam M. D.

*Address,* Corner of Hewett & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kannann

*Sex, Male or ~~Female,~~* {Cross out the words not required in this line.}

*Age,* 78 *Years,* — *Months,* — *Days*

*Color,* W.

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* abt 30 Yrs

*Place of Death,* {Give street and number.} Rear of 223 S. Bethel St

*Cause of Death,* First (Primary,) 3 Heart Disease (Supposed)

Second (Immediate,) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* C. P. Cemetery

*Date of Burial,* August 6

{*Undertaker,* Patrick Mullin

*Place of Business,*

Chas M. Moffet M. D.
Coroner E. D.
Medical Attendant.

*Address,* 67 East Balto St

### *Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2nd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother's name Eva Sage.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female.

*Age,* 30 hrs. *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Maternité Hospital, Balto.

*Duration of Residence in the City of Baltimore,* 30 hrs.

*Place of Death,* {Give street and number} Maternité, 161 W. Lombard St.

*Cause of Death,* First, (Primary,) Premature birth.

Second, (Immediate,) Asphyxia.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,*

*Undertaker,* Anatomical Purposes.

*Place of Business,*

Spencer M. Free M. D.
Medical Attendant.

*Address,* 161 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 411

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42011

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 4th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother. Eva Sage.

*Sex, Male or Female,* {cross out the word not required in this line.} Male.

*Age,* ~~3~~ *Years,* ..... *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X

*Occupation,* X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maternité Hospital Baltimore Md

*Duration of Residence in the City of Baltimore,* 3 days.

*Place of Death,* {Give street and number} Maternité Hosp. 161 N. Lombard St.

*Cause of Death,* First, (Primary,) Premature Birth.

Second, (Immediate,) Asphyxia.

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* .....

*Date of Burial,* .....

*Undertaker,* Anatomical purposes.

*Place of Business,* .....

Spencer M. Free M. D.
Medical Attendant.

*Address,* 161 N. Lombard St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42012

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hayden

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 22 *Years,* 1 *Months,* *Days.*

*Color,* ed

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} St Marys Co Md

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} Low n 35

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inflamation of the brain

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 7th 1880

*Undertaker,* J. E. Gordon

*Place of Business,* 63 Park ave

E C Baldwin M. D.
Medical Attendant.

*Address,* 124 n Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42013

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Edward~~ Henry Ernst.

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 4 *Months,* 25 *Days.*

*Color,* white.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 458 W Baltimore St

*Cause of Death,* First, (Primary.) Scarlet Fever

Second, (Immediate,) Paralysis

*Duration of last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 7

Henry Latzer M. D.
Medical Attendant.

*Undertaker,* J. F. Cush

*Place of Business,* 107 N Eutaw St *Address,* 163 W Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42014

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42014.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Isabella Farrar

*Sex, Male or Female,* { cross out the word not required in this line. } F

*Age,* *Years,* 2m *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 224 Hanover St

*Cause of Death* { First, (Primary,) Pneumonia
Second, (Immediate,) Asthenia

*Duration of last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 7th

*Undertaker,* G H Perkins Jr & Co.

*Place of Business,* 130 Henrietta St *Address,* 206 Sharp St

W. E. George *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42015

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas O Day

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 25 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 56 York st

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemty

*Date of Burial,* Augt 7 1880

*Undertaker,* Patrick O. Day

*Place of Business,* 56 York St

H W Webster M.D.,
Medical Attendant.

*Address,* 57 Barnes

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42016

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Murphy

HEALTH DEPARTMENT AUG 7 1883 BALTIMORE

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and number} 162 Hanover St

*Cause of Death* { First, (Primary,) Paralysis
Second, (Immediate,) 3 Week

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug. 7th

*Undertaker,* Thompson

*Place of Business,* 962 Canton Ave

E. J. Williams M. D.
Medical Attendant.

*Address,* 17 Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

*Date of Death,* 7th day of August 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edwin Reuter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 8 *Months,* 15 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 31 Jackson Square

*Cause of Death,* First (Primary,) ... Second (Immediate,) Cholera infantum

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* August 8th 1880

Fred. Hefs M. D.
Medical Attendant.

*Undertaker,* Thos. S Hughes

*Place of Business,* 60 Exeter St *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

No. 42018

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & George W Evans Parents

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 1/3 *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 34 Little McElderry St

*Cause of Death,* First, (Primary,) Premature Birth (6 mos

Second, (Immediate,) Inanition

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 7th 1880

*Undertaker,* W. M. Bunce

*Place of Business,* East St

Thos. A. Shearer M. D.

~~Medical Attendant.~~

*Address,* Comm'r of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos P. Smith

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42019

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Simmons

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ~~Fifty Four~~ (38) *Years,* ____ *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Waiter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Nova Scotia England

*Duration of Residence in the City of Baltimore,* Twenty One Years

*Place of Death,* {Give street and number} No 136 S. Howard St

*Cause of Death,* First, (Primary,) Tuberculosis

Second, (Immediate,) Atrophy and Perforation ?

*Duration of last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Magnolia PM B&R R

*Date of Burial,* August 8th 1880

J. D. Dyer M. D.
Medical Attendant.

*Undertaker,* Henry M Seulkins for

*Place of Business,* 16 Light St *Address,* 146 Hill St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1866

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 20 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 7th August 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Robert Friedrich Hübner.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* 2 *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give street and number} 34 Row Str.

*Cause of Death* First, (Primary,) Febris scarlatina.

Second, (Immediate,) Spasmi.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Carolina St Luthern cemetry

*Date of Burial,* August 8th 1880

*Undertaker,* Elisha Cox

*Place of Business,* 847 & 6 Bank St

Robert Jenkins M. D.
Medical Attendant.

*Address,* 121 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42021

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 7 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Dalton

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 5 Bethel St

*Cause of Death,* First, (Primary.) Insured at Birth

Second, (Immediate,) Partial Paralysis — Inanition

*Duration of last Sickness,* all its life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel —

*Date of Burial,* Aug 7–1880

*Undertaker,* A. Wayman

*Place of Business,* Saratoga St.

J. Thos. A. Steuart M. D.
Medical Attendant.

*Address,* Comm. of Health
& Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. V. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42022

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Samuel

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 14 *Years,* 9 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baden (Germany) two years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 23 Bradford Ave

*Cause of Death* First, (Primary,) Epilepsis

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* one week

All the above Information should be furnished by the Physician.

*Place of Burial,* Trinity Ch Cemetery

*Date of Burial,* Aug 8th 1880

*Undertaker,* Peter Frey

*Place of Business,* 91 Eden Ave

L C Wunderlich M. D.
Medical Attendant.

*Address,* 92 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 1880 BALTIMORE.

Permit No. 42023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward G. B. Caskey.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 18 *Years,* 9 *Months,* *Days.*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 200 N. Fremont St

*Cause of Death,* First, (Primary.) Typho-Malarial Fever

Second, (Immediate,)

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,*

*Undertaker,*

*Place of Business,*

J. W. C Cuddy *M. D.*
Medical Attendant.

*Address,* 313 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard N. Truman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* — *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} 265 Linden av.

*Cause of Death,* First (Primary,) Mal-nutrition; marasmus

Second (Immediate,) Convulsion

*Duration of Last Sickness,* I do not know, having seen the child after the symptoms began

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 8th August 1880

*Undertaker,* H.W. Jenkins & Son

*Place of Business,* 16 Light St.

S. E. Shuster M.D.
for Wm. J. Howard M. D.
Medical Attendant.

*Address* 141 Lanvale St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ertificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 8 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } James Theo. Knight—

*Sex, Male or ~~Female,~~* { Cross out the word not required in this line. }

*Age,* ——— *Years,* 4 *Months,* ——— *Days.*

*Color,* White *Sex,* Male

*~~Married, Single,~~ Widow or ~~Widower~~,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* { Give street and number. } 180 Hanover Ave,

*Cause of Death,* { First (Primary,) Cholera Infantum

{ Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Aug 9th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

J. Gilman M. D.
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 42026

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42026

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 8 1880 BALTIMORE

*Date of Death,* August 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Sharp,

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 80. *Years,* 6, *Months,* 6, *Days.*

*Color,* Coloured,

*Married, ~~Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Ship Joiner.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cecil County Md.

*Duration of Residence in the City of Baltimore,* Sixty two Years,

*Place of Death,* {Give street and number} 12 Warren St.

*Cause of Death,* First, (Primary,) Dropsy,

Second, (Immediate,)

*Duration of last Sickness,* Eight Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laural Cemetery

*Date of Burial,* 8th Augst

*Undertaker,* Thos. A. Lasks

*Place of Business,* 12 Jefferson St.

Nicholas L. Dorsett M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42027

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 8 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Behrmann

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 40. Bond St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Leakin, Hill. Theodore Cook M.D.,

*Date of Burial,* Aug 8-80 Medical Attendant.

*Undertaker,* C. F. Krause

*Place of Business,* 269 Hanover *Address,* 146 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42028

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Steinbach

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* white

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} No. 221 Hanover St

*Cause of Death,* First, (Primary,) Pulmonary Phthisis.

Second, (Immediate,) General Tuberculosis

*Duration of last Sickness,* 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Aug. 8th 1880

*Undertaker,* C. F. Krause.

*Place of Business,*

Mary Salzer M. D.
Medical Attendant.

*Address,* 163 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James D. Magennis

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 3 *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 131 N Central Avenue

*Cause of Death* {First, (Primary,) Scarlet Fever

{Second, (Immediate,)

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug 8th 80

*{Undertaker,* Fry & Lee

*{Place of Business,* 57 h Broadway

Wm. E. Russell M. D.
Medical Attendant.

*Address,* Broadway & Chaddock Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42030

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 8 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Warner

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ——— *Years,* 13 *Months,* 21 *Days.*

*Color,* White.

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 99 Amity Lt Balto Md all his life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 23 Parkin Lt

*Cause of Death,* First, (Primary,) Toxaemia

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* Aug 9th 1880

H. G. Watts *M. D.*
Medical Attendant.

*Undertaker,* J. A. Cook

*Place of Business,* 707 N. Baltimore St *Address,* 106 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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...Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42031

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} C. Virginia DuBernard.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} .....

*Age,* 10 *Years,* ——— *Months,* ——— *Days.*

*Color,* W. *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 166 Division St.

*Cause of Death,* { First (Primary,) ——— Second (Immediate,) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Green Mount~~ Cathedral Cemetery

*Date of Burial,* 10th August 1880

W. E. Moseley M. D.
Medical Attendant.

{ *Undertaker,* H.W. Deukins Son
{ *Place of Business,* 16 Light St. *Address* 248 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 42032

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Butler

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 20 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 38 Cohen Alley

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Apnoea & asthenia comb.

*Duration of last Sickness,* About two years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peter's Cem.

*Date of Burial,* Aug 9th 1880

*Undertaker,* P. Kennedy

*Place of Business,* —

Eugene F. Cordell M. D.
Medical Attendant.

*Address,* 125 N. Charles

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42033

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 8th August 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Young

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* white

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number} 379. Alliceanna Alexander Str.

*Cause of Death* First, (Primary,) febris scarlatina.

Second, (Immediate,) Hydrocephalus

*Duration of last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Caroline St Church cemetry

*Date of Burial,* August 9th 1880

Robert Smith M. D.
Medical Attendant.

*Undertaker,* Elisha Cox

*Place of Business,* 4 & 6 Bank St *Address,* 124 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42034

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 9 1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } William H. Haines

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation,* Driver of ice wagon

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Virginia.

*Duration of Residence in the City of Baltimore,* Ten years.

*Place of Death,* { Give street and number } 46 Gough St.

*Cause of Death,* First, (Primary,) Hypertrophy of the heart.

Second, (Immediate,) Angina Pectoris.

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Augs 10th 1880

*Undertaker,* Henry W. Means

*Place of Business,* 115 N. Gay St.

Aug. H. Erich M. D.
Medical Attendant.

*Address,* 94 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl August Fellmer

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 13 *Years,* 7 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number} 63 Ramsey St

*Cause of Death* First, (Primary,) Inflammation of the Bowels

Second, (Immediate,)

*Duration of last Sickness,* 5 or 6 days (Believed to He was dying when first seen

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug. 9th 1880

*Undertaker,* Herm Weidemeyer

*Place of Business,* 518 W. Baltimore St. *Address,* 5 Franklin St.

Jno Morris M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Beckmann.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* 3 *Months,* 17 *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bohmisch Germany 14 Years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 57 Conway St.

*Cause of Death* { First, (Primary,) Senile Decay —
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Germin Luther's Friedhill

*Date of Burial,* August 10th 1880.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St.

R. J. H. Tull M. D.
Medical Attendant.

*Address,* 152 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42037

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 9 1 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8 - 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James McManus

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 3 *Years,* 7 *Months,* *Days.*

*Color,* W

*Married, Single, Widow or ~~Widower~~,* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } B. City

*Duration of Residence in the City of Baltimore,* 3 1 — 7

*Place of Death,* { Give street and number. } 30 Dunstal —

*Cause of Death,* First, (Primary.) Gastritis

Second, (Immediate.) Collapse

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cemetery

*Date of Burial,* August 9th

*Undertaker,* B. Herbert

*Place of Business,* 411 Light St.

R. H. P. Ellis *M.D.,*

Medical Attendant.

*Address,* 315 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Monaghan

~~Sex~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

*Age,* 29 Years, Months, Days.

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 32 N Lombard St

*Cause of Death* First, (Primary,) Chronic Dearrhoea

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* over a year

All the above Information should be furnished by the Physician.

*Place of Burial,* St Patrick's Cemetery

*Date of Burial,* August 9

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hurst

Chas A O'Donovan M. D.
Medical Attendant.

*Address,*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Mitchell

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 196 Wolf St

*Cause of Death* { First, (Primary,) Cholera Infantum / Second, (Immediate,) Congestion Brain

*Duration of last Sickness,* One minute

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemy

*Date of Burial,* 10th August

*Undertaker,* [illegible]

*Place of Business,* 461 N Gay St *Address,* Broadway & Madison Ave

W. Le Russell *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42040

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Eva Groth Maria Magdalena Rosina Birth of John Baum

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Domestic born in Bottenau

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Munich, Bavaria

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Corner of Bethlehem & Fayette sts

*Cause of Death,* First (Primary,)

Second (Immediate,) Consumption of the Lungs

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alfansius Cemetery John B. Lemmon M. D.

*Date of Burial,* 10th of August Medical Attendant.

*Undertaker,* Adam Link

*Place of Business,* 46 N. Gay St Address E. W. Calvert & Read sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 42041

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry West

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 13 *Months,* ____ *Days.*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Barbo

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 67 N. Durham St

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) ~~Pneumonia~~ Consumption

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Second Cemetery

*Date of Burial,* Aug 9 1880

*Undertaker,* W. H. Conner & Benze

*Place of Business,* No 62 East 8th Street

J. O. Gist, M. D.
Medical Attendant.

*Address,* 137 Eden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Morris

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 49 Bank st

*Cause of Death* {First, (Primary.) Second, (Immediate,)} Old age

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* N. E. cemetery Philad Road

*Date of Burial,* August 10th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

Nicholas L. Dallam M. D.
Medical Attendant.

*Address,* 207 S. Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42043

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Kaufman

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* Seven (7) *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore City.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number. } John St. 2 doors North of Fremont

*Cause of Death,* First, (Primary.) Cerebral Dropsy

Second, (Immediate.) Uremia

*Duration of Last Sickness,* Six (6) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 9th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave *Address,* S.E. Cor Eutaw & Baltimore Sts

Geo Shaw M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12044

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 12064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Burton

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 117 N. Eden St

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* Eight Months

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* Aug 10th

E. E. Grier Jr. *M. D.*
Medical Attendant.

*Undertaker,* H. C. Warfield

*Place of Business,* 90 Greenmount Ave *Address,* 139 Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42045

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 8th, 1882.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Schaffer

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 68 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number} 480 Cathedral St.

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.) Convulsions 3 hours

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 9th 1882

*Undertaker,* Elfiza Cox

*Place of Business,* Bank st

Geo. W. Leech, M. D.
Medical Attendant.

*Address,* 281 Park Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ptd. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42046 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie E. T. Murray

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 22 Pleasant St

*Cause of Death,* First, (Primary.) Childbirth - Uremia, Coma

Second, (Immediate.) Convulsions Exhaustion

*Duration of Last Sickness,* 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Aug 9th 1880

*Undertaker,* George Schilling

*Place of Business,* Ashland & Guar

Geo. B. Reynolds M.D.,
Medical Attendant.

*Address,*

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## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

AUG 9 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma May Ansbury

*Sex, Male or Female,* { cross out the word not required in this line. } F.

*Age,* 2 *Years,* 10 *Months,* ..... *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } N. W. cor. Monument & Eden Sts.

*Cause of Death* { First, (Primary,) Diphtheria

{ Second, (Immediate,) .....

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 9th 80

{ *Undertaker,* George Schilling

{ *Place of Business,* Ashland & Eutaw

H. T. Reynolds M. D.
Medical Attendant.

*Address,* 186 Aisquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42048

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacobina Summers

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 65 *Years,* 1 *Months,* 11 *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give street and number} 318 S Paca

*Cause of Death,* First, (Primary.) Cystitis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 11th 1880

*Undertaker,* Philip L. Fell

*Place of Business,* 183 Columbia Av

T. J. Ward M. D.
Medical Attendant.

*Address,* 127 St Paul

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42049

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Miller

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ 8 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and number} #243 S. Ann St

*Cause of Death,* First, (Primary,) Inflammatory Diarrhoea

Second, (Immediate,) accompanied by debility

*Duration of last Sickness,* Two months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* 9th of August

*Undertaker,* John Lennon

*Place of Business,* No 158

John H. Rathbuney M. D.
Medical Attendant.

*Address,* 243 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42057

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 8/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frankie Orzchowski

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 11 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* V

*Place of Death,* {Give street and number.} 3 Shakespeare St.

*Cause of Death,* First, (Primary.) Scarlet fever

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Augt. 9.

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond at 151 *Address,* 117 S. Broadway

E. W. Mansfield M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12051

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42051

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 7th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Huggins

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1. *Years,* 3. *Months,* 12 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 53 Westcoat

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 53 Westcoat

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* Aug 9th 1880

G. W. Dana M D M. D.
Medical Attendant.

*Undertaker,* Wm E. Chenoweth

*Place of Business,* 336 Pennsa Ave *Address,* Cor Stricker & Presbury

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8: 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Dougherty

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* *Years,* 9 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary,) Dentitions

Second, (Immediate,) Meningitis probably Tuberculous

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bony Brae Cem

*Date of Burial,* Aug 10th 1880

Martin Brewer M. D.
Medical Attendant.

*Undertaker,* Geo Saffran

*Place of Business,* 121 Penna Ave. *Address,* 68 N Eutaw St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

DAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 2d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Woods

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* ..... *Days.*

*Color,*

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 362 E Madison

*Cause of Death* {First, (Primary,) Cyanosis

Second, (Immediate,) Acute Bronchitis

*Duration of last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 2 1880

*Undertaker,* Fry & Zeo

*Place of Business,* 574 to Broadway

W. E. Russell M. D.
Medical Attendant.

*Address,* Broadway & Madison Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 20064

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoffman

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Blacksmith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany Weidenberg

*Duration of Residence in the City of Baltimore,* ~~Lifetime~~ 28 yrs

*Place of Death,* {Give street and number} 101 E Lombard St

*Cause of Death* {First, (Primary,) Cirhosis Liver

Second, (Immediate,)

*Duration of last Sickness,* abt 1 yr

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* August 9th

Geo. L Kenneron M. D.
Medical Attendant.

*Undertaker,* Peter Hummert

*Place of Business,* No 317 Mulberry St *Address,* 73 E Balt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna King

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Washwoman

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore Md

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give street and number.} 6 Lewis st.

*Cause of Death,* First (Primary,) Phthisis

Second (Immediate,) General Anasarca

*Duration of Last Sickness,* 12 months

All the above information should be furnished by the Physician.

*Place of Burial,* Ken. Asbury

*Date of Burial,* August 9th

*Undertaker,* Charles A White

*Place of Business,* 35 Granby st

John H. Conner M. D.
Medical Attendant.

*Address* 44 Arquith st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Beisz.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* 9 *Months,* 18 *Days.*

*Color,* White *Sex,* Female

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Langsfeld. Germany.

*Duration of Residence in the City of Baltimore,* 26 yrs.

*Place of Death,* {Give street and number.} 178 Greenmount Ave

*Cause of Death,* First (Primary,) Chronic Pulmonary disease - Asthma +

Second (Immediate,) Chronic Bronchitis.

*Duration of Last Sickness,* Almost 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Ceme; Wm H. Stokes M. D.

Medical Attendant.

*Date of Burial,* Aug 9th

*Undertaker,* Henry Lander *Address* 141 St Paul St

*Place of Business,* 952 Fountain Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Layman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Sixty five *Years,* Two *Months,* ..... *Days.*

*Color,* ..... W.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Sussex Co. England

*Duration of Residence in the City of Baltimore,* About Ten years

*Place of Death,* {Give street and number.} No. 966 West Baltimore St.

*Cause of Death,* {First (Primary,) Tuberculosis / Second (Immediate,)}

*Duration of Last Sickness,* About a year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Aug 11th 1880

{*Undertaker,* J B Bath / *Place of Business,* No 707 W Baltimore Street}

J. Ridgely Hammond M. D.
Medical Attendant.

*Address* Cor Calhoun & Hollins Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below. [illegible] of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Urbach

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* one *Years,* Three (3) *Months,* [illegible] *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} W

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 49 N. Central Ave.

*Cause of Death* {First, (Primary.) Cholera Infantum.

{Second, (Immediate,)

*Duration of last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathai Cem.

*Date of Burial,* August 10. 1880

Francis A. Laws M. D.
Medical Attendant.

*Undertaker,* W. Hofmann

*Place of Business,* 63 N. Eden St. *Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 11 P.M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Louis Singewald

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* One *Years,* —— *Months,* 10 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number} 161 South Broadway

*Cause of Death* { First, (Primary,) —— / Second, (Immediate,) Marasmus

*Duration of last Sickness,* ——

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 10th 1880

*Undertaker,* Red Gaede

*Place of Business,* 991 Caroline St.

A Frey Shortzer M. D.
Medical Attendant.

*Address,* 11 S. High St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Christina Luerssen

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 7 *Months,* 8 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 79 Hampstead Co Dallas

*Cause of Death,* First, (Primary,) (Meningitis) Tubercular

Second, (Immediate,)

*Duration of last Sickness,* Fourteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel.

*Date of Burial,* August 10th 1880

*Undertaker,* Fred Gaede.

*Place of Business,* 291 Caroline St.

Thomas J. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba[illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4208/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta L. Warfield

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 27 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pittsburg, Pa.

*Duration of Residence in the City of Baltimore,* 12 yrs.

*Place of Death,* {Give street and number} * 273 E. Monument St.

*Cause of Death* { First, (Primary,) Typhoid Fever
Second, (Immediate,) Paralysis of Brain

*Duration of last Sickness,* about 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Jew's Baltimore Am

*Date of Burial,* August 10-1880

Geo. L. Wartman M. D.
Medical Attendant.

*Undertaker,* James O'Byrne

*Place of Business,* N. Front St. *Address,* * 305 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 9.30 P.M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jasper [redacted] Ruppert

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 45 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Labouring man

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany About 30 years

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 184 S Eden

*Cause of Death,* First, (Primary,) Pneumonia Basil

Second, (Immediate,) Dropsy

*Duration of last Sickness,* 2 Months,

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cem.

*Date of Burial,* Aug. 10th 1880

*Undertaker,* Henry Sanders

*Place of Business,* 232 Saratoga st

James E. Donelle M. D.
Medical Attendant.

*Address,* 299 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42063

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel Smith

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* Colored

~~*Married*~~, *Single*, *~~Widow or Widower~~*, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and number } 43 Perry St.

*Cause of Death* { First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* August 10

*Undertaker,* Hercules S. Ross

*Place of Business,* 95 Conway St

R. M. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42064

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG. 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Knauten

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 193 Hanover St

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 11th 1880

*Undertaker,* William Harley

*Place of Business,*

Thornton Cook *M.D.,*

Medical Attendant.

*Address,* 146 Hanover

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## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42065

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG. 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Toogood

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 8 *Months,* *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 181, Raborg Street

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) Hydrocephalus

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Aug 8 1880

*Undertaker,* William N Dorgan

*Place of Business,* No 62 East Street

Morris Stone M. D.
Medical Attendant.

*Address* 319 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 9 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Glos—

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 76 Fairmount ave

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Diphtheria

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Aug 10 1880

*Undertaker,* A Koehler

*Place of Business,*

James H Steen M. D.
~~Medical Attendant.~~

*Address,* Commonwealth & Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor (CR.)

# Board of Health, City of Baltimore,

Permit No. 42067

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 10th August 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Baer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* W.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Poland

*Duration of Residence in the City of Baltimore,* 29 yrs

*Place of Death,* {Give street and number.} 60 S. Paca st

*Cause of Death,* First, (Primary.) Acute Rheumatism

Second, (Immediate.) Pericarditis

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Eden & Heb Cemetery

*Date of Burial,* August 11th 1880 I. W. Webster, M.D.,

Medical Attendant.

*Undertaker,* Wm Elder

*Place of Business,* 101 Gough st *Address,* 57 Bank

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 2:45 o'Clock A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Mulvey

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 2 *Months,* Five *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md Carroll Co

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No 18 Ramsay St.

*Cause of Death,* First, (Primary,) Indigestion

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 11th 2 o'clock P.M.

*Undertaker,* Philipp J. Gill

*Place of Business,* 183 Columbia St

Dr. H. Edwards M. D.
Medical Attendant.

*Address,* 122 Charles corner Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG. 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Mackie

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* ——— *Months,* *Days.*

*Color,* White *Sex,*

*Married,* ~~Single,~~ ~~Widow~~ or ~~Widower,~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Hyattsville Co Md

*Duration of Residence in the City of Baltimore,* 21 years

*Place of Death,* {Give street and number.} 90 S. Eden St

*Cause of Death,* First (Primary,) Typhoid fever

Second (Immediate.)

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Rachel Ke Dr. Hinkle M. D.

*Date of Burial,* Medical Attendant.

*Undertaker,* E. J. Mackey Address 1530 Eastern Ave

*Place of Business,* 150 Canden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 42070

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz Smith

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ 2 *Months,* ~~Days.~~

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 57 St. Paul St.

*Cause of Death,* First, (Primary,) Malnutrition

Second, (Immediate,) Inanition

*Duration of last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Augt 10th 1880

James A Steuart M. D.

*Undertaker,* Patterson

*Place of Business,*

*Address,* Comm of Health Hd Registration

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by B. of D.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42071

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Sanders.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 18. *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 65. Gordons alley

*Cause of Death,* First, (Primary,) Spasms.

Second, (Immediate,) 2 Days.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Charles St Cem.

*Date of Burial,* Aug 11 - 1880

*Undertaker,* Geo W Perkins & Co.

*Place of Business,*

Health - Officer M. D.
& Registrar

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Aft 67 John E Dunning

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Wilson Wheeler

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* 10 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. Co.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 88 S Broadway

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) ~~Seven days~~

*Duration of last Sickness,* Seven days

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* August 11th 1880

E. J. Way *M. D.*
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 19 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 9 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Isabel Media

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* Years, 8 Months, 7 Days.

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and number} 5 N. High st.

*Cause of Death* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter's Cemetery

*Date of Burial,* August 10 1880

*Undertaker,* Jas Byrne

*Place of Business,* 63 Grant

W. Dance, M. D.
Medical Attendant.

*Address,* 27 N. Bradway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42074

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno t George anna Ringgold Parents

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 7/12 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 46 Clay St

*Cause of Death,* {First, (Primary,) Obs Hernia

Second, (Immediate,) Life

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 10th 1880

*Undertaker,* W. H. Bishop

*Place of Business,* Druid Hill

Jas A Steuart M. D.

*Address,* Comm of Health pr Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by — Ben Lee 88

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9th August 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalia Mantitzka

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* — *Days.*

*Color,* white.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Posen, Prussia, Germany

*Duration of Residence in the City of Baltimore,* 3 months.

*Place of Death,* {Give street and number} E. Ann street 290

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Baltimore cemetery

*Date of Burial,* Aug 10

*Undertaker,* Wendelin Dippel

*Place of Business,* Bond st 151

William Hendle M. D.
Medical Attendant.

*Address,* E. Baltimore

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42076

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J. Gee Lennon

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* ~~——~~ *Years,* ~~——~~ *Months,* One *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State of country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 59 George Street

*Cause of Death,* { First, (Primary,) ; Second, (Immediate,) } Inanition

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 12 1880

*Undertaker,* Wm H Blizzard

*Place of Business,* Penna Ave

James A Steuart M. D.
~~Medical Attendant.~~

*Address,* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Ingord.

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } No. 50, Cornelia ct - South Bank

*Cause of Death* { First, (Primary,) Teething. / Second, (Immediate,) Inflammation of Bowels

*Duration of last Sickness,* One month,

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paulus Cemetery

*Date of Burial,* Aug 11th 1880

*Undertaker,* L. Ritz

*Place of Business,* No. 1298 Broadway

A. L. Clark M. D.
Medical Attendant.

*Address,* 235 Gough st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42078.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Dill

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 59 *Years,* 1 *Months,* 13 *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} 254 Lamb

*Cause of Death,* First, (Primary.) Cancer of stomach

Second, (Immediate,)

*Duration of last Sickness,* one year under treatment

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 12 th

*Undertaker,* Thomas Bowles

*Place of Business,* Hanover St

S. Sollers M. D.
Medical Attendant.

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rtificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* August 10 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henretta Brush

*Sex, Male or Female,* { cross out the word not required in this line. } Fem

*Age,* ..... *Years,* Six *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ..... V

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } 1 Eutaw Ave Mansion

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Clark St Cemetery

*Date of Burial,* Aug 11

*Undertaker,* G H Perkins & Co

*Place of Business,* 130 Henriett St *Address,* 20 Shroeder St

..... *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rtificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Bishop.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 40 *Years,* 1 *Months,* 29 *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} 1 Montrose St

*Cause of Death* { First, (Primary,) Consumption. / Second, (Immediate,) Acute Pleurisy.

*Duration of last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* 12 august

*Undertaker,* J B. Cook

*Place of Business,* 707 W. Balto St

W. H. Legeche M. D.
Medical Attendant.

*Address,* W. C. Fayette & Calhoun Sts

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Carackey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 11 *Months,* 29 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} S. E. Cor. Lemon St & Calender alley

*Cause of Death,* First (Primary,)

Second (Immediate,) Scarlet fever

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician

*Place of Burial,* Mount Carmel Cl

*Date of Burial,* Aug. 11th 1880

H W Webster *M. D.*
Medical Attendant.

*Undertaker,* Henry Hoeck

*Place of Business,* 30 E. N. Central Av *Address* 298 N. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 10 th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie L Snyder

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* One *Years,* *Months,* Two *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 128 Orleans St

*Cause of Death* First, (Primary.) Teething

Second, (Immediate,) Colera Infantum

*Duration of last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 11th

*Undertaker,* George Schilling

*Place of Business,* Ashland Ave

Milton A Taylor M. D.
Medical Attendant.

*Address,* Broadway & Mc Elderry

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Mitchell

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* ... *Years,* 5 *Months,* ... *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and number } 146 Henrietta St.

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) 2 months

*Duration of last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 11

C. M. Hall *M. D.*
Medical Attendant.

*Undertaker,* Hercules Ross

*Place of Business,* 25 Commerce *Address,* 262 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly R Stafford

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* Six *Months,* 4 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Continued

*Place of Death,* {Give street and number} H. N. Jordan alley

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate,) Cerebral Meningitis

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 11

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St

L. D. Fyfe M. D.
Medical Attendant.

*Address,* 146 Hill St.

L. D. FYFE, M. D.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Price

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 7 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No 3 Barnard Lane

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 3 Barnard Lane

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetary

*Date of Burial,* August 11

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway

J J Stull M. D.
Medical Attendant.

*Address,* 210 S Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 9. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa A. Montgomery

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 32 *Years,* 11 *Months,* 3 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City — Life time

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 283. N. Caroline St

*Cause of Death* {First, (Primary,) Asthma

{Second, (Immediate,)

*Duration of last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cem

*Date of Burial,* Aug. 11, 1880

*Undertaker,* M. A. Dargin

*Place of Business,* 74 S. Broadway

E. Hall Pentledge M. D.
Medical Attendant.

*Address,* 57 Augusta

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Barker

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Machinist

*Birthplace,* {State or country, (and how long in the United States. If of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Union Prot Infirmary

*Cause of Death* {First, (Primary,) General Debility

{Second, (Immediate,)

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Aug 11th 1880

{*Undertaker,* Wm. H. Hickman

{*Place of Business,* 234 W. Gay St

Chas F Lawell M. D.
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

*Date of Death,* Aug. 9. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Burke

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 85 Moore Alley

*Cause of Death* {First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 11 1880

*Undertaker,* Henry Andt Marsden

*Place of Business,* 116 & Charles St

James Bailey M. D.
Medical Attendant.

*Address,* 319 N Milton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 10 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Langley. (Mother

*Sex,* ~~Male.~~ *Female,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 3 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 200 S. Dallas St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 11th 1880

*Undertaker,* The D. Locke

*Place of Business,* Jefferson St

Thos F. Clem M. D.
~~Medical Attendant.~~

*Address,* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. V. Fitzpatrick

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42090

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10th 1880.

*Full Names of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Jones

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 16 *Years,* 8 *Months,* *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } unmarried

*Occupation,* Servant

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Freedom Carroll Co

*Duration of Residence in the City of Baltimore,* Her years of

*Place of Death,* { Give street and number } 45 Fairmount St

*Cause of Death* { First, (Primary,) Puerperal Septicemia / Second, (Immediate,) Asthenia

*Duration of last Sickness,* 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Aug 11th 1880

*Undertaker,* J C Jordan

*Place of Business,* 63 Park Ave

Robert Buist M. D.
Medical Attendant.

*Address,* Saratoga

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42091

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. & Jacob Lorenz Parents

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balte City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} Bel air ave & Hoffman St

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Convulsions

*Duration of last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* Balte Cemetery

*Date of Burial,* Augt 11 1880

*Undertaker,* H Bruce

*Place of Business,*

Thos A Shaw M. D.

Medical Attendant

*Address,* Comm of Health & Registrar

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. L. Smith [OTH...]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Rhoads

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 52 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Penna

*Duration of Residence in the City of Baltimore,* 11 months

*Place of Death,* {Give street and number.} Barnburners Chemical Works West & Lee Sts

*Cause of Death,* {First (Primary,) Heart Disease

{Second (Immediate,) Sudden Death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 11th 1880

*Undertaker,* Jas. Bleech

*Place of Business,* No 707 W Baltimore street

Chas M. Norfolk M. D.
Coroner E.D.
~~Medical Attendant.~~
For S. A. Bell M.D.
Coroner S.D.

*Address,* 67 Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42093 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida Weaver

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Three (3) *Years,* Three (3) *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 15. Walker Street

*Cause of Death,* First, (Primary.) Scarlatina Maligna

Second, (Immediate.) Pyrexia

*Duration of Last Sickness,* Three (3) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cemetery

*Date of Burial,* Augt 12th 1880

{*Undertaker,* Geo Schilling

{*Place of Business,* Monument St

W. H. Shaw M.D.,
Medical Attendant.

*Address,* E. Fay cor Fayette

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 10 - 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriet Minor Batt

*Sex, ~~Male~~ or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Petersburg Va

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } Hoffman's Hotel Penna ave

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 12th 1880

*Undertaker,* Chas E Scriven

*Place of Business,* 270 N Eutaw

C J Cook M. D.
Medical Attendant.

*Address,* Cor Fayette & Eutaw sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42095

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42095

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Thornton

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 14 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 57 St. Paul St.

*Cause of Death,* First, (Primary,) Premature Birth

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* August 1880

*Undertaker,* R Mueller

*Place of Business,* 1 Park ave

Chas A Stein M. D.

~~Medical Attendant~~

*Address,* Comm of Health & B. Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by. B. 12983

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 42096

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

*Date of Death,* Aug 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Adele Mix

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 10 Months, 3 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 170 Scott St

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) Inanition

*Duration of Last Sickness,* About 3 months

All the above information should be furnished by the Physician

*Place of Burial,* Western Cemetary

*Date of Burial,* August 12

*Undertaker,* Andrew Knoll

*Place of Business,* 206 Columbia Av

H. W. Hebner M. D.
Medical Attendant.

*Address* 298 W Lombard St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 8th mo 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Turnbull

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give street and number} 188 Townsend St

*Cause of Death* { First, (Primary,) Congestion of Brain
Second, (Immediate,) 8 days.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 13th Aug 1880

*Undertaker,* H W Denston Son

*Place of Business,* 16 Light St *Address,* 306 Madison Avenue

W. H. Riley *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42098

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 10th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Knight

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ~ *Years,* 5 *Months,* *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~

*Occupation,* ~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 84 East St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loane Cemetery

*Date of Burial,* Aug 11 1880

D M Bateman *M. D.*
Medical Attendant.

*Undertaker,* Abraham Wagaman

*Place of Business,* 132 Fredrick *Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ck of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace E Dobler

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days.*

HEALTH DEPARTMENT AUG 1880 BALTIMORE

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 96 E Eager

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 96 E Eager

*Cause of Death* { First, (Primary,) Dyptheritic Croup
Second, (Immediate,)

*Duration of last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 12 1880

{ *Undertaker,* Thos S Hughes
{ *Place of Business,* 84 E Baltimore

S. F. Wagner M. D.
Medical Attendant.

*Address,* 134 N High st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter Tenden

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 5 *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower,~~* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 24 East St

*Cause of Death,* { First, (Primary.) Pulmonalis

Second, (Immediate,) Phthisis of month

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 11th

*Undertaker,* Williams & Lingen

*Place of Business,* 62 East St

Edw Blackwell M. D.
Medical Attendant.

*Address,* 153 E Eager

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42101

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42101

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Robinson.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 10 *Months,* ____ *Days.*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 30 Shuter St.

*Cause of Death,* First, (Primary,) Inanition.

Second, (Immediate,)

*Duration of last Sickness,* Three Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Lamel Cemetery

*Date of Burial,* August 11

*Undertaker,* William C. Zinger

*Place of Business,* 62 East st

L. C. Gordon M. D.
Medical Attendant.

*Address,* 311 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to return within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline Auchmuty

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* 34 *Years,* — *Months,* 17 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* House Keeper

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Pa

*Duration of Residence in the City of Baltimore,* Don't Know

*Place of Death,* {Give street and number.} 117 S. Sharp St.

*Cause of Death,* {First (Primary,) Consumption

Second (Immediate,) Don't Know

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Aug 12th

{*Undertaker,* W. T. Dall

*Place of Business,* 131 Hanover St

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover & Barre sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city; it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Stewart.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 77 *Years,* 5 *Months,* 3 *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Dentist.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Scotland.

*Duration of Residence in the City of Baltimore,* 65 years.

*Place of Death,* {Give street and number} 40 E. Fayette St.

*Cause of Death* { First, (Primary,) Apoplexy.
Second, (Immediate,)

*Duration of last Sickness,* 5 hours.

All the above Information should be fu[illegible]

*Place of Burial,* Greenmount Cy

*Date of Burial,* Aug 12/80

*Undertaker,* Stewart [illegible]

*Place of Business,* 35 [illegible] *Address,* 93 E. Pratt St

S. W. Hinck M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42104

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* Negro

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balti Co

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and number} Eagle Hotel

*Cause of Death,* First, (Primary,) Enteritis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 12' 80

D. Sheets M. D.
Medical Attendant.

*Undertaker,* Charles H Wade

*Place of Business,* 3 E Gramercy Address, 143 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 42115

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Herbert Bailey Jr

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One (1) Years — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 205. N Dallas St

*Cause of Death,* First, (Primary.) Gastro Intestinal Catarrh

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Four (4) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* August 12. 80

*Undertaker,* Adam Diehl

*Place of Business,* 1401. N Gay St

Fordsham *M.D.,*

Medical Attendant.

*Address,* 1 E Eager cor Caroline St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August [illegible] 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Louisa Starr.

~~Sex, Male or~~ *Female,* {Cross out the words not required in this line.}

*Age,* 32 *Years,* *Months,* *Days*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} St Louis Missouri

*Duration of Residence in the City of Baltimore,* Twenty Years.

*Place of Death,* {Give street and number.} No 161 Arlington Avenue

*Cause of Death,* First (Primary,) Tuberculor Phthisis.

Second (Immediate,) Exhaustion,

*Duration of Last Sickness,* Four Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,*

*Undertaker,* Wm Wearn

*Place of Business,* 71 Eutaw St

G H Bonn M.D.
Medical Attendant.

*Address,* No 16 N Liberty St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 11 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Howard Underback

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* { Give street and number } 42 N. Chapel St

*Cause of Death,* First, (Primary,) Cyanosis Neonatorum

Second, (Immediate,) Lifetime

*Duration of last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Alphonsus Cemetery

*Date of Burial,* 12 August

Geo. F. Taylor M. D.
Medical Attendant.

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St. *Address,* 222 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42108

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander F. Dalrymple

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 25 *Years,* ..... *Months,* ..... *Days.*

*Color,* ..... *Sex,* .....

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Shoemaker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} No 232 N. Broadway

*Cause of Death,* First (Primary,) Phthisis

Second (Immediate,) .....

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Augs 13th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N Gay St

J. H. Bolton M. D.

Medical Attendant.

*Address* S.E. Cor Gay & Caroline Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 42109

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Tucker

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 195 South Caroline St

*Cause of Death,* First, (Primary.) Gastric Enteritis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 5 or 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* Aug 13 - 1880

*Undertaker,* M. Clarke & Sons

*Place of Business,* 64 E. Balto St *Address,* .....

Geo. B. Reynolds M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ease on back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Robinson

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* Twenty Two *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Eight Years

*Place of Death,* { Give street and number } 170 West Sl

*Cause of Death* { First, (Primary,) Phthisis. Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem.

*Date of Burial,* Thursday Aug 12th

*Undertaker,* H. Davis

*Place of Business,* 103 Lee Stt. *Address,* 204 Sharp St

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 42111 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Drury

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married, Single,~~ Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 31 Conway St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Angina Pectoris

*Duration of Last Sickness,* Died instantly

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 13th 1880

*Undertaker,* John L Boehm

*Place of Business,* No 150 Camden St

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Reverse of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Thursday August 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elyda B. Botterill

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 17 Years, 5 Months, 22 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 256 E. Madison St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,)

Duration of last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Aug 15th

Undertaker, Geo Schilling

Place of Business, Aisquith and Lanvale

Wilmer Stinton M. D.
Medical Attendant.

Address, 25½ Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42113

## Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Frank X Bradley Died aug 11th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Fireman

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 91 North St-

*Cause of Death,* First, (Primary.) Tetanus,

Second, (Immediate.) Convulsions - Exhaustion

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Aug 13th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Lynn

Geo, B, Reynolds M.D.,
Medical Attendant.

*Address,* 43 N Calvert

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 42114

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42114

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. McC. Riley Brickend

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* 28 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 930 W. Baltimore St.

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 13 1880

John Uhler M. D.
Medical Attendant.

*Undertaker,* Jos. S. Cook

*Place of Business,* No 21 N. Baltimore Street

*Address,* 538 W. Fayette St.

*Extract from Regulations of the Board of Health to secure a Full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. S. [illegible] & CO. CITY PRINTERS AND STATIONERS. [illegible]

...Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Lee Jackson (No name) Eliza Boyette (Parents)

*Sex, Male or Female,* { cross out the word not required in this line. } male

*Age,* — *Years,* ... *Months,* 5 minutes *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ...

*Occupation,* ...

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* { Give street and number } 1 Hillman alley

*Cause of Death,* { First, (Primary,) Effusion pericardium

{ Second, (Immediate,) ...

*Duration of last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Aug 12 1880

*Undertaker,* Per H. Cook

*Place of Business,* No 707 W Baltimore Street

C H Jackson M. D.
Medical Attendant.

*Address,* ...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2116

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Gillully

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Male~~ Female

*Age,* ——— *Years,* 14 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} 223 Lemon St

*Cause of Death,* First, (Primary.) Gangrenous Stomatitis

Second, (Immediate.)

*Duration of last Sickness,* Sickly One Month

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Aug 12th 1880

Chas. F. Mitchell M. D.
Medical Attendant.

*Undertaker,* Jos H. Coates

*Place of Business,* N. E. Cor Balto & Eutaw Street, *Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Numbers Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 4417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } W S G Goodeve

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 7 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 37 Woodyear Ave Canton Baltimore

*Cause of Death,* First, (Primary.)

Second, (Immediate.)

*Duration of last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Aug 12th 1880

*Undertaker,* Wm E Clemonts

*Place of Business,* 32 Johnson

M. D.
Medical Attendant.

*Address,* Corner Pratt & Eutaw Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Albert Moore

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 3 *Months,* 20 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Continued

*Place of Death,* {Give street and number} 280 Hamburg St

*Cause of Death,* First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Emaciation and convulsions

*Duration of last Sickness,* From Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Chas. St. Cemetery

*Date of Burial,* August 12.

*Undertaker,* Hercules Boss

*Place of Business,* 25 Conway St

L. D. M. D.

Medical Attendant.

*Address,* 146 Hill St

L. D. DYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 4 2 1 1 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1880 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Richardson -

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

*Occupation,* Laborer -

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 40 years -

*Place of Death,* {Give street and number} City Hospital

*Cause of Death* { First, (Primary,) Phthisis
Second, (Immediate,) Asthenia -

*Duration of last Sickness,* One year -

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balt Cemetery

*Date of Burial,* Aug 12 '880

*Undertaker,* P. Mullin

*Place of Business,* S. P. Park av *Address,* City Hospital

H. B. Dudley M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42120

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Schmidt

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* ~~6~~ *Months,* 9 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 100 Henrietta Street

*Cause of Death,* First, (Primary.) Scartatina

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cem

*Date of Burial,* Aug 13th 1880

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Broadway Address, 158 Hanover Street

G. K. Wiley M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42124.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Dorsey

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* Two *Years,* Four *Months,* Eighteen *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number} 17 Little Pine Street

*Cause of Death,* First, (Primary,) General Debility & Dentition

Second, (Immediate,) Pertus'sis

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 13 1880

*Undertaker,* S W Chase

*Place of Business,* 198 S Howard St

R. C. Smith M. D,
Medical Attendant.

*Address,* 72½ George Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Christy

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 7 *Months,* 10 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Continued

*Place of Death,* {Give street and number} 272 Hanburge St

*Cause of Death,* First, (Primary.) Hereditary consumption

Second, (Immediate,) Cerebral Convulsions

*Duration of last Sickness,* From Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Augt 12 1880

*Undertaker,* D Wehrase

*Place of Business,* 98 D howard St

L. D. Fell M. D.
Medical Attendant.

*Address,* 146 Hill St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

...this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4424 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie maud Wilkerson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ... *Years,* 4 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,* ...

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} in Baltimore

*Duration of Residence in the City of Baltimore,* 4 months 5 Days

*Place of Death,* {Give street and number} 110 Hunter's St Fells point

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) Do

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Pleasant County Virginia

*Date of Burial,* August 12th 1880

*Undertaker,* John Lake

*Place of Business,* 161 E Balto St

E. W. Jarrel *M. D.*
Medical Attendant.

*Address,* Baltimore & Patterson

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1880

[OVER.]

KODAK SAFETY FILM

...Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles G. Helms

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* 26 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* Six months

*Place of Death,* {Give street and number} 30 Dunberry Alley

*Cause of Death* First, (Primary,) Pneumonitis

Second, (Immediate,) Paralysis

*Duration of last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 15

A. Arl. Cotton M. D.
Medical Attendant.

*Undertaker,* Joseph F. Cook

*Place of Business,* 707 W. Balto St *Address,* 343 N. Londonb...

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 11th August 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ravis Walf

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 7 *Months,* 0 *Days.*

*Color,* White *Sex,* male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 169 Sarah Ann st Baltimore

*Duration of Residence in the City of Baltimore.*

*Place of Death,* {Give street and number.} 169 Sarah Ann st Baltimore

*Cause of Death,* First (Primary,) Dyspepsia

Second (Immediate,) Spasms

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns ville Cemetery

*Date of Burial,* August 13th 1880

*Undertaker,* P. Hummert

*Place of Business,* 317 Mulberry St Address 120 Park Av. Baltimore

W. H. Feldmann M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42126

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1930 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ..... Aug 11 30

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Maria Heas

*Sex, Male or Female,* { cross out the word not required in this line. } .....

*Age,* 4 *Years,* 4 *Months,* ..... *Days.*

*Color,* w

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } ..... Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } ..... 801 Hamburg

*Cause of Death,* { First, (Primary,) ..... Second, (Immediate,) ..... Diphtheria

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* August 13

*Undertaker,* B. Hall

*Place of Business,* 411 Light St.

..... M. D.
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

## Board of Health, City of Baltimore,

Permit No. 4212

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Aug 12 th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles W [illegible]

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 5 *Months,* ..... *Days.*

*Color,* —

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } B City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number. } 60 Hanover st

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem'y

*Date of Burial,* August 14

*Undertaker,* Henry Boyle

*Place of Business,* Pennsylvania Ave

R. H. Ellis *M.D.,*

Medical Attendant.

*Address,* 240 Light st

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} L. Nancy Lowndes,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* White — *Sex,* Male —

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Clerk —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Richmond, Va —

*Duration of Residence in the City of Baltimore,* 10 years —

*Place of Death,* {Give street and number.} 70 Courtland St

*Cause of Death,* First (Primary,) Bilious Fever

Second (Immediate,) Congestive Chill,

*Duration of Last Sickness,* 1 week —

All the above information should be furnished by the Physician.

*Place of Burial,* Richmond Va

*Date of Burial,* 14th Aug 1880

*Undertaker,* H W Jenkins Son

*Place of Business,* 16 Light St *Address* 217 Saratoga —

J. L. Ingle M. D.
Medical Attendant.

• *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1871 Francis

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 14129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Louis E. Kennard,

~~Sex,~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 41 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,*

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Clerk.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* 41 years.

*Place of Death,* {Give street and number.} 143 N. Fremont st.

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Pulmonary Consumption.

*Duration of Last Sickness,* Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Aug 14th 1880

*Undertaker,* Jos H Cook

*Place of Business,* No 707 N Baltimore street

E. M. Reid M. D.
Medical Attendant.

*Address* 243 N. Fremont St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

12

# Board of Health, City of Baltimore,

Permit No. 14130

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Daft

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 14 *Years,* 10 *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Messenger

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 153 Preston st

*Cause of Death* { First, (Primary,) Typhoid Fever
Second, (Immediate,)

*Duration of last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 13th 1880

*Undertaker,* Chas S Sriver

*Place of Business,* 270 W Baltimore st

C. J. Winslow M. D.
Medical Attendant.

*Address,* 23 McCulloh st

Shows Return of 9 Cases of Typhoid Fever & Pneumonia

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 42131

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Moore

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Four (4) *Years,* — *Months,* Four (4) *Days.*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Since born ✓

*Place of Death,* {Give street and number.} No 11 Walker street

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Diphtheritis

*Duration of Last Sickness,* Five (5) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 14.

*Undertaker,* John Herzog.

*Place of Business,* 382 Orleans St.

Sw Feldrun M.D.,
Medical Attendant.

*Address,* S E Cor Eager Caroline & York

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 42132 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Biz.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 6 *Years,* — *Months,* — *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Housekeeper.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 40 years.

*Place of Death,* {Give street and number.} 36 Whatcoat St.

*Cause of Death;* First, (Primary.) Scarlatina. Malig.

Second, (Immediate.) Nephritic Complication.

*Duration of Last Sickness,* 7 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* August 14

*Undertaker,* Walter Immel

*Place of Business,* 202 N. Biddle *Address,* 520 Penna Av.

W Pinkard, *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Duffy

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 48 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Shoemaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} Chester & Eastern avenue

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ____

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* August 14th 1880

James E Donelle *M. D.*
Medical Attendant.

*Undertaker,* H. M. Gilmore

*Place of Business,* No. 341 Canton ave *Address,* 996 Balt St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Edmund Dungan

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 9 *Years,* 2 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} No 7 Elliot St Locust Point

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* August the 14th 1880

*Undertaker,* H. H. Gilmyer

*Place of Business,* No 361 Canton Av.

E. Jno Williams M. D.
Medical Attendant.

*Address,* 17 Patterson Pl

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42135

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Bowman

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 3 *Years,* 11 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto city

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give street and number.} Chew St

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,)

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 13 1880

*Undertaker,* Henry Flocth

*Place of Business,* 389 Central Ave

D. E. Jordan M. D.
Medical Attendant.

*Address* 106 Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 12th Aug 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas James Downs

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 13 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Telegraph Runner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania U.S.A.

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give street and number} 53 Hanbert St E.P.

*Cause of Death* First, (Primary,) Phthisis

Second, (Immediate,) also Heart insufficiency

*Duration of last Sickness,* 1 Year.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 15th

*Undertaker,* B. Hull

*Place of Business,* 411 Lexington St.

C. H. Janney M. D.
Medical Attendant.

*Address,* Boston & Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ... *Years,* 4 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Foundling

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* { First, (Primary,) Marasmus
Second, (Immediate,) Spasm

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 14 1880

{ *Undertaker,* Wm Brannigan
*Place of Business,* 156 Division St.

Anthony Bracco *M. D.*
Medical Attendant.

*Address,* 96 N Eutaw St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 12 1881

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Wolley Clemens

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* 6 *Months,* 1 *Days.*

*Color,* Col'd *Sex,* Male.

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* —

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } 13 Rock st

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 13 Rock st

*Cause of Death,* { First (Primary,) Natural Causes (Convulsions)
Second (Immediate,) }

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 13th 1880

{ *Undertaker,* Charles A White
*Place of Business,* 35 Granby st

Alex Tinsley M. D.
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the Remarks below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Frank

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ... *Years,* 1 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} ~~Richmond~~ Washington D.C.

*Duration of Residence in the City of Baltimore,* 4 weeks

*Place of Death,* {Give street and number} 110 S Green St

*Cause of Death* First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Hebrew Cemetery

*Date of Burial,* August 13th 1880

*Undertaker,* M L Straus

*Place of Business,* Corner Fayette & Howard Address, 76 Lee St

I H Kerr M. D.
Medical Attendant,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 12. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Francis Fahrney

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 1 yr. *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 1 Chappel st. 65

*Cause of Death,* {First (Primary,) Cholera Infantum. Second (Immediate,)

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Gem.

*Date of Burial,* Aug. 14th '80

{*Undertaker,* W. France

{*Place of Business,* 280 Eastern Ave Address

C. H. Fick M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise [illegible]

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* [illegible] *Years,* [illegible] *Months,* [illegible] *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 20 North St.

*Cause of Death* {First, (Primary,) Convulsions

{Second, (Immediate,) Cystitis

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* August 14

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St

[illegible] M. D.
Medical Attendant.

*Address,* 201 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. BULASY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Heil

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Saloon Keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number.} 492 W Pratt St

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Heart Disease

*Duration of Last Sickness,* 12 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug. 14th

{*Undertaker,* John Tunzel / *Place of Business,* 796 W. Balto St. Address}

Abr Tinsley M. D.
Medical Attendant.
Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1930 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 13th 1930

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine O'Brien

*Sex,* ~~*Male*~~ *Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 11 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ✓

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number} S. Hen. Exp & Mc Henry

*Cause of Death,* {First, (Primary,) Intestinal Haemorrhage

Second, (Immediate,) 4 Days

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Aug. 13th

*Undertaker,* J. C. Wedefeld

*Place of Business,* 10 Greenmount Ave *Address,* 1334 Eastern Ave

Edward P. Mildrew M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07411]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12144

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalia Dietrich

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 1 *Years,* 6 *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} N. Washington Street near Belair R.

*Cause of Death,* First, (Primary,) Dysenterie

Second, (Immediate,) Weakness

*Duration of last Sickness,* 6 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 14 August

A. J. Reinhard M. D.
Medical Attendant.

*Undertaker,* J. P. Poultus

*Place of Business,* 66 Fremont Av. *Address,* 224 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. Robbs

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 208 E. Chase St

*Cause of Death,* First, (Primary,) ____ Second, (Immediate,) Convulsions

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Augt 14th 1880

*Undertaker,* Henry Horck

*Place of Business,* ____

James A Steuart M. D.

Residence.

*Address,* Commissioner of Health & Registrar

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by Geo. E. Brown Sanitary Inspector

[OVER.]

Permit No. 42146

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 13 1880 BALTIMORE.

*Date of Death,* August. 13th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustave Gunn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 11 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 13 Pen av

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 15th

*Undertaker,* Walter Emmert

*Place of Business,* 252 W. Biddle *Address,* 226 Mulberry st

Louis Dr Hoen *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Payton

*Sex, Male or Female,* {cross out the word not required in this line.} Female

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and number} 11 Hanover st -

*Cause of Death* {First, (Primary,) Disease of Heart

Second, (Immediate,)

*Duration of last Sickness,* Several weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* August 13 1880

J Harvey Hill M. D.
Medical Attendant.

*Undertaker,* S W Chase

*Place of Business,* 198 E Howard St *Address,* 119 Edmondson Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August - 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Barlow

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 19 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} No 179 Caugh st

*Cause of Death* First, (Primary,) Typhoid Fever.

Second, (Immediate,)

*Duration of last Sickness,* Two wks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Aug 14th 1880

*Undertaker,* A Frelick

*Place of Business,* 244 Eastern Av

A. F. Clarke M. D.
Medical Attendant.

*Address,* 230 Caugh st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Ba...

Permit No. 42149

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* 13th August 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Billups

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* M

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 134 S Howard

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug 14 80

*Undertaker,* Jos Hays & Son

*Place of Business,* No 63 Light St

H. W. Webster M.D.,
Medical Attendant.

*Address,* 57 Barnet

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attendod during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/2150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredericka Wastin

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Sixty Nine *Years,* Four *Months,* Twenty Three *Days.*

*Color,* White *Sex,* Female

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Usual avocation of life

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany about 34 years

*Duration of Residence in the City of Baltimore,* 34 Years

*Place of Death,* {Give street and number.} 498 Pennsylvania Ave

*Cause of Death,* First (Primary,) Chronic Dysentery

Second (Immediate,) " "

*Duration of Last Sickness,* About Six Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 15th 1880

*Undertaker,* Wm. Ehrmantraut

*Place of Business,* 336 Pennsylvania Ave

R. J. Herman *M. D.*
Medical Attendant.

*Address* 175 N. Carey St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44151

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Date of Death,* Aug. 13. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Virginia Williams,

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* 1 Years, Months, 14 Days.

*Color,*

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maternité, University of Maryland.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 3 N. Whatcoat St.

*Cause of Death,* First, (Primary.) Entero-Colitis.

Second, (Immediate.) Convulsions.

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedrale Cemetery

*Date of Burial,* August 14

*Undertaker,* Walter Sommel

*Place of Business,* 252 W. Baltimore Address, 520 Penna. Av.

H. Rickert, M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* August 13. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannah J. Hackett

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 87 *Years,* 8 *Months,* 13 *Days.*

*Color,* *Sex,*

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow 54 yrs

*Occupation,* Housekeeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* about 30 or 40 years.

*Place of Death,* {Give street and number.} Barnett no 19.

*Cause of Death,* First (Primary,) Senility.

Second (Immediate,) Apnoea.

*Duration of Last Sickness,* Sev! years.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* August 16th 1880

J. R. Page M. D.
Medical Attendant.

*Undertaker,* John R. Weaver & Co

*Place of Business,* #22 N. Gaylor St Address 220 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...physicians is respectfully invited to the Remarks Below, and to List of Diseases on B...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret R. Mitnum

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 131 N. Central Ave.

*Cause of Death* { First, (Primary,) Scarlatina, malignant.
Second, (Immediate,) Convulsions

*Duration of last Sickness,* 36 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery.

*Date of Burial,* Aug. 15th 1880

{ *Undertaker,* Wm. H. Hickman
{ *Place of Business,* 234 N. Gay St.

Irving Miller M. D.
Medical Attendant.

*Address,* 179 E. Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Louis Newbower

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Years, 11 Months, 27 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} S. Stuart St Balto, Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} Belair Avenue, Beyond Washington

*Cause of Death* { First, (Primary,) Diphtheria
Second, (Immediate,)

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetary

*Date of Burial,* 15th August 1880

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann

J Fussell Mastin M. D.
Medical Attendant.

*Address,* Belair Ave & Washington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Owens

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland - Kilkenny

*Duration of Residence in the City of Baltimore,* Most Known

*Place of Death,* {Give street and number} Just - Little Sisters

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 14th

Jno. Burke Byrne M. D.
Medical Attendant.

*Undertaker,* H. C. Wiedefeldt

*Place of Business,* 9 a Greenmount Av *Address,* 166 E. Eager St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 42156

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 14 August 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Fischer

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 34 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and number.} 19 Pratt Street.

*Cause of Death,* First (Primary,) Phthisis pulmon.

Second (Immediate,)

*Duration of Last Sickness,* ab. 1½ years

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsius Cem.

*Date of Burial,* 15 August 1880

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St.

C Hofmann M.D.
Medical Attendant.

*Address,* 57 Aisquith St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Date of Death,* Aug. 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Ruig

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Five *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No 118 Linden ave

*Duration of Residence in the City of Baltimore,* Five years

*Place of Death,* {Give street and number} No. 22 Biddle st.

*Cause of Death* {First, (Primary,) Diptheria

{Second, (Immediate,) Prostration

*Duration of last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Frey's Road Balto Co

*Date of Burial,* August 15th 1880

F. B. Gardner M. D.
Medical Attendant.

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 & 6 Druid Hill Ave *Address,* 12 & N. Greene St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 4 1 5 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E. Konkler

*Sex,* ~~Male~~ or Female, {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* Thirteen *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* 13 days

*Place of Death,* {Give street and number} No. 41 Richmond Street

*Cause of Death* { First, (Primary,) Trismus Nascentium.
Second, (Immediate,) .....

*Duration of last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 14 1880

{ *Undertaker,* John C. Jordan
*Place of Business,* No 62 Park Ave

Chas. H. Yeff M. D.
Medical Attendant.

*Address,* 306 W. Fayette Street

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Date of Death,* Aug. 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Conrad J. Schultz,

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* Five *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* —

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* — —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} [redacted] aryland.

*Duration of Residence in the City of Baltimore,* Five years

*Place of Death,* {Give street and number.} 381 Franklin st.

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Meningitis

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* August 15th 1880.

{*Undertaker,* Adam Weidemeyer / *Place of Business,* 518½ W. Baltimore St.

E. M. Reid M. D.
Medical Attendant.

*Address* 243 N. Fremont st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Jr. Schmidt

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* 9 *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* ✓

*Place of Death,* {Give street and number} W. 142 S. Spring st

*Cause of Death,* First, (Primary,) Dysentries

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 9 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* August 15th

*Undertaker,* W. Lewis

*Place of Business,* 22 S. Bond

L. Mundernutz M. D.
Medical Attendant.

*Address,* 12 S. Eden st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

*Permit No.* 44161

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Date of Death,* Aug 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian Myers

*Sex,* ~~Male~~, *Female,* {cross out the word not required in this line.}

*Age,* about 40 *Years,* *Months,* *Days.*

*Color,* Col

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number} 40 Walnut al

*Cause of Death* { First, (Primary,) Consumption of Lungs
Second, (Immediate,)

*Duration of last Sickness,* 4 months in bed

All the above information should be furnished by the Physician.

*Place of Burial,* Thompson St Cemetery

*Date of Burial,* August 14

{ *Undertaker,* William A Lingee
*Place of Business,* 62 East St

R. Winslow *M. D.*
Medical Attendant.

*Address,* 201 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42162

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug't 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Emory Paul

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ~~2~~ *Years,* 3 *Months,* 19 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 26 Acquista St

*Cause of Death,* First, (Primary,) Pernicious Intermittent Fever

Second, (Immediate,) "

*Duration of last Sickness,* 10 days

All the above Informationshould be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug't 15th 1880

James A. Steuart M. D.

~~Medical Attendant~~

*Undertaker,* George Schilling

*Place of Business,* E. Fremont St. *Address,* Comm'r of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by Jos. P. Smith M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42163

Board of Health, City of B...

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Date of Death,* Aug. 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry J. B. White

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* — *Months,* 27 *Days.*

*Color,* white,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Canada,

*Duration of Residence in the City of Baltimore,* Seven months

*Place of Death,* {Give street and number.} 21 S. Ann St.

*Cause of Death,* First, (Primary.) Scarlatina maligna,

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 15th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 & Broadway

G. G. Cook M.D.,

Medical Attendant.

*Address,* Balt. & Wash. Co.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42164

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Williams,

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Pilot

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia,

*Duration of Residence in the City of Baltimore,* Forty years.

*Place of Death,* {Give street and number} 135 S. Ann st.

*Cause of Death* {First, (Primary,) Obstructed circulation in some of the viscera, ex. to extension of the ~~vessels~~ of the abdominal organs,
Second, (Immediate,) Dropsy.

*Duration of last Sickness,* Eleven Months,

All the above information should be furnished by the Physician.

*Place of Burial,* Druw Mt. Cemetery

*Date of Burial,* August 16th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,*

Nicholas L. Dashiell M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 42165

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Date of Death,* August 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Grozuiz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Thirteen (13) *Years,* — *Months,* — *Days.*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* West-maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 240 N. Canal Street

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Typhoid Toxaemia

*Duration of Last Sickness,* Seven (7) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ch

*Date of Burial,* August 16/1880

*Undertaker,* Henry Cook

*Place of Business,* 309 N. Central Ave *Address,* S.E. Cor Eager & Caroline Sts

J W Selouw *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. Dulin

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 22 *Years,* 10 *Months,* 16 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cigar Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 77 S. Ann St

*Cause of Death* { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Several Months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 16th 1880

{ *Undertaker,* John Lupe
*Place of Business,* 16 E Pratt St

A Ulhertzer M. D.
Medical Attendant.

*Address,* 11 S. Howard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Balt.

Permit No. 42167

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olando Sanfilippo

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Student

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number.} 274 S. Broadway

*Cause of Death,* First, (Primary.) malignant D. of Hemorrhagic diphtheria

Second, (Immediate.) Hemorrhage, Pharyngeal

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* H. Mennonite Cem.

*Date of Burial,* Aug 15th

Geo. B. Reynolds *M.D.*, Medical Attendant.

H. Sandler *Undertaker,* 252 Canton ave

*Place of Business,* 252 Canton ave *Address,* 413 N Calvert

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 42168

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Date of Death,* Aug 14th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Augustus Lucchesi

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 274 S. Broadway

*Cause of Death,* First, (Primary.) Diphtheria, malignant —

Second, (Immediate.)

*Duration of Last Sickness,* 5 — Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents [illegible]

*Date of Burial,* Aug 16th

*Undertaker,* Wesley Lander

*Place of Business,* 252 Eastern Ave *Address,*

Geo. B. Reynolds M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42169

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Reinhart

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

*Age,* 3 *Years,* 11 *Months,* 3 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 138 Bank

*Cause of Death* { First, (Primary,) Diarrh. / Second, (Immediate,) Marasmus

*Duration of last Sickness,* several months

All the above information should be furnished by the Physician.

*Place of Burial,* Dinwiddie County

*Date of Burial,* August 15th

*Undertaker,* Wm. Snyder

*Place of Business,* 212 Eastern Ave

A. Reinhardt M. D.
Medical Attendant.

*Address,* 87 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, August 13th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Wilhelm Dietz

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 26 Years, 11 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hamilton, Ohio

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number} Columbia Av. 69

Cause of Death, First, (Primary.) Consumption

Second, (Immediate,) Haemorrhage of Lung

Duration of last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 15 August

L. F. Reinhard M. D.
Medical Attendant.

Undertaker, Law & Bartlett

Place of Business, 224 W. Bal. St.

Address, 224 West Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Bal...

Permit No. 42171

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* August 16 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Vale Mall

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One (1) *Years,* One (1) *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 61 Lancaster

*Cause of Death,* First, (Primary.) Measles — pneumonia

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Three (3) Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mathai Co

*Date of Burial,* 17 August

*Undertaker,* Henry Bair

*Place of Business,* Alice Ann 85 252

G. L. Wilkins M.D.,
Medical Attendant.

*Address,* 1711 E. Broadway

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Date of Death,* Aug 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Absalom Bird

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 68 *Years,* — *Months,* — *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Surgeon

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Virginia

*Duration of Residence in the City of Baltimore,* Thirty Years

*Place of Death,* {Give street and number.} 129 Thomas St

*Cause of Death,* First (Primary,) Pneumonitis

Second (Immediate,) Asphyxia

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Lemel Cemetery

*Date of Burial,* August 14th 1880

*Undertaker,* Kennedy and Madden

*Place of Business,* #116 Eutaw St

James J Bath M.D.
Medical Attendant.

*Address,* 134 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Power

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 8 4 *Years,* 1 *Months,* 4 5 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Penn

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 269 Madison Avenue

*Cause of Death,* First (Primary,) Old age

Second (Immediate,) Diarrhoea

*Duration of Last Sickness,* one Month

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* August 16th, 1880

H. D. Murdock M. D.
Medical Attendant.

*Undertaker,* William Weaver

*Place of Business,* 202 N Eutaw St *Address* 84 Read St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4

The Special ... Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

14

# Board of Health, City of Baltimore,

Permit No. 44174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 4 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 13th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Henry Francis

*Sex, ~~Male or Female,~~* { cross out the word not required in this line. }

*Age,* about 40 *Years,* ——— *Months,* ——— *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Hack Carrier

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Va

*Duration of Residence in the City of Baltimore,* two years

*Place of Death,* { Give street and number } 1916 Raborg Street

*Cause of Death,* { First, (Primary,) ——— Second, (Immediate,) Consumption

*Duration of last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem'y

*Date of Burial,* Augt 15th 1880

*Undertaker,* Hercules Ross

*Place of Business,* Conway St

James A Steuart M. D.

~~Medical Attendant~~

*Address,* Comm'rs of Health

Thayer Bros

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by R. H. Fitzpatrick (CITY CLK)

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Mape

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* 5 *Days.* 3

*Color,* colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. C

*Duration of Residence in the City of Baltimore,* 1 yrs.

*Place of Death,* {Give street and number} N 164 Eastern Avenue

*Cause of Death* { First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sarud sementary

*Date of Burial,* 14 of Aggust

{ *Undertaker,* Charles A White

*Place of Business,* 33 Granby st

Geo D Kenneman M. D.
Medical Attendant.

*Address,* 73 E Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

*Permit No.* 24176

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 14

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Rohden

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 26 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 98 Fremont St

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Aug 15 1880

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Baltimore St

S. T. Knight M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

# Board of Health, City of Baltimore,

Permit No. 42179

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

*Date of Death,* Aug 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Jarvis

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} 36 N. Gilmor

*Cause of Death,* First, (Primary,) Premature Birth

Second, (Immediate,) at Birth 2 half months

*Duration of last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Catherdral cem.

*Date of Burial,* Aug 14th 1880 Edw. F. Michael M. D.

*Undertaker,* John Leuser Medical Attendant.

*Place of Business,* 796 W Balto st *Address,* 279 W. Lombard

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- d the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42178

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } William Armistead

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 80 *Years.* 2 *Months,* 7 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Married

*Occupation,* Gentleman

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* { Give street and number. } 152 N Charles St

*Cause of Death,* { First (Primary,) old age / Second (Immediate,) Dark hum

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Saints Church Hookstown *H. D. Murdoch* M. D.

*Date of Burial,* August 16th Medical Attendant.

*Undertaker,* Robt Renwick *Address* 81 Richard St

*Place of Business,* Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1873 Trans

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 13th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Fannie Davidsky,

*Sex, Male or Female,* { Cross out the word not required in this line. } Female,

*Age,* One *Years,* ——— *Months,* ——— *Days.*

*Color,* White. *Sex,* ———

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* { Give street and number. } 237 S. Wolf St.

*Cause of Death,* First (Primary,) Cholera Infantum.

Second (Immediate,) Exhaustion.

*Duration of Last Sickness,* Four Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug. 15th 80

J. J. Sullivan M. D.
Medical Attendant.

*Undertaker,* M. Franer

*Place of Business,* 280 Canton Ave

*Address* 116 Thames St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 4211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 14 1880
BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Margaret Roesters

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto md.

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and number} 172 Aisquith St

*Cause of Death* {First, (Primary,) Scarlet fever

{Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug. 15th 80

E Williams *M. D.*
Medical Attendant.

*Undertaker,* M. Franor

*Place of Business,* 201 Canton Ave *Address,* 17 Patapsco Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

## CERTIFICATE OF DEATH:

*Date of Death,* August 14 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E Smith

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 7 *Months,* *Days.*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 41 Perry st

*Cause of Death* {First, (Primary,) / Second, (Immediate,)} Pneumonia

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns St Cemetery

*Date of Burial,* August 15

*Undertaker,* H. Zell

*Place of Business,* 25 Courtney st

L. M. Hall *M. D.*
Medical Attendant.

*Address,* 262 S. Sharp st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42182

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 14/83

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank W Burbage

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 weeks ~~Days.~~

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 297½ N Eden st

*Cause of Death* { First, (Primary.) Indigestion
Second, (Immediate,) Marasmus

*Duration of last Sickness,* from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug. 15th 1883

{ *Undertaker,* Wm. H. Hickman
{ *Place of Business,* 234 N. Gay St

H L Warner M. D.
Medical Attendant.

*Address,* 252 N Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 42183

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Ann Bray

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give street and number.} 59 William St

*Cause of Death,* First (Primary,) Cirrhosis of liver

Second (Immediate,) Asthenia, with general anasarca 6 mo.

*Duration of Last Sickness,* Nine months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* August 16th 1880

Jno H Steffenhagen M. D.
Medical Attendant.

*Undertaker,* John S. Weaver & Co

*Place of Business,* #22 W. Fayette St Address 59 William St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 47184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1893 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 13. 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Charlotte A. Stone

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* Two *Years,* Five *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 1409 West St

*Cause of Death* { First, (Primary,) Hydrocephalus

Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* August 15 1880

*Undertaker,* S. W. Chase

*Place of Business,* 198 Forward St

W. S. Booze *M. D.*
Medical Attendant.

*Address,* 206 Shaft St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4,42185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August. 14th 1883.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Geller

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 22 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} No Columbia Av. & South st

*Cause of Death* First, (Primary,) Rhobe Morbus

Second, (Immediate,) Prostration

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 16 1883

{*Undertaker,* Philip S. Dill

{*Place of Business,* 183 Columbia Av

O. L. Baddenbohn M. D.
Medical Attendant.

Address [redacted] 166 S. Paca st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42186

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 14th August 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Himicky

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Robinson, Austria

*Duration of Residence in the City of Baltimore,* 9 years.

*Place of Death,* {Give street and number} S. Aisquith 2½

*Cause of Death,* First, (Primary,) Enteroplithisis Consumption of Bowels

Second, (Immediate,)

*Duration of last Sickness,* 14 months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Augt 15

*Undertaker,* N Lippel

*Place of Business,* 161 E Pond

William Howard M. D.
Medical Attendant.

*Address,* S. Holliday

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

**Permit No.** 12187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1883.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Franc Andreaski

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~~~ *Years,* ~~~ *Months,* 4 *Days.*

*Color,* White *Sex,* ~~~

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* ~~~

*Place of Death,* {Give street and number.} No 329 Allice Anna st-

*Cause of Death,* First (Primary,) Convulsions

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* ~~~

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Augh 15-

*Undertaker,* H. Eppel

*Place of Business,* 757 E Bond.

C. M. Schultze Jr. M. D.
Medical Attendant.

Address S.W. cor. Wolf st & Canton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/2/88

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 14 — 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Teresa Lutkemeier

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 44 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give street and number} 30 N. Chapel st

*Cause of Death* {First, (Primary,) Pulmonary Tuberculosis

{Second, (Immediate,)

*Duration of last Sickness,* two years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Aug 16

*Undertaker,* Wendel Diffel

*Place of Business,* S. Bond at 151

W. G. Daniel M. D.
Medical Attendant.

*Address,* 97 W Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Myles

~~*Sex, Male or Female,*~~ {cross out the [redacted] not required in t[redacted].}

*Age,* 3 *Years,* ..... *Months,* ..... *Days.*

*Color,* Blk

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give street and number} 2 Harmony Lane

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 4 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Aug 15th 1883

*Undertaker,* H. Engel & Bruger

*Place of Business,* No 10 Stockton Alley

L. M. Rudisaw M. D.
Medical Attendant.

*Address,* 349 L

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42190

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Coleman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years.* ——— *Months,* Six *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 184 Hanover St.

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.) Coma

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Ceme.

*Date of Burial,* Aug 15th 1880

D. C. L. H. Barclay *M.D.,*
Medical Attendant.

*Undertaker,* C. A. Krause

*Place of Business,* 209 Hanover; *Address,* 47 Conway St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 14 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. William Donohoe

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* 1 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number} No 214 N. Chapel St

*Cause of Death,* First, (Primary) Diphtheritis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* August 15

G. L. Taylor M. D.
Medical Attendant.

*Undertaker,* John Heneig

*Place of Business,* 282 Orleans St *Address,* 222 N. Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 12th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hamilton Johnson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Years, 75 Months, 5 Days 10

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married.

*Occupation,* Waiter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert co Md

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and number} No 4 Lolasses Alley

*Cause of Death* First, (Primary.) Nervous Shock fracture of both legs

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* aug 16 14

*Undertaker,* Thos F Locke

*Place of Business,* 73 Jefferson St

Thos E Smith M. D.
Medical Attendant.

*Address,* 15 Denmead

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 15 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 13. 1883

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Brannon

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Carpenter

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 34 Chesnut St

*Cause of Death,* { First (Primary,) } (Loss of Stimulant & Exposure

{ Second (Immediate,) } Visit Jury)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Peale Cemetery

*Date of Burial,* Augt 15th 1880

Alexander Insley M. D.

~~Medical Attendant.~~

{ *Undertaker,* Pat Mullin

{ *Place of Business,* ~~~~ *Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4212 94

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Guy

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} St Mary's County Md.

*Duration of Residence in the City of Baltimore,* Two years.

*Place of Death,* {Give street and number.} Warner Street between Conway & Barry

*Cause of Death,* First (Primary,) Hepatic congestion

Second (Immediate,) " "

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* St Marys Co

*Date of Burial,* Aug 16th 1880

*Undertaker,* C. F. Krause

*Place of Business,*

H. & L. Baden M.D.
Medical Attendant.

*Address,* 168 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

KODAK SAFETY FIL

# Board of Health, City of Baltimore,

Permit No. 42195 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Court

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 85 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~.* {Cross out the word not required in this line.}

*Occupation,* House Carpenter but has not been able to work at it recently on account of age

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 18 Bivan Street

*Cause of Death,* First, (Primary.) Natural

Second, (Immediate.) Old age

*Duration of Last Sickness,* He has been gradually declining several years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 16th

*Undertaker,* Henry Brick

*Place of Business,* Henrietta St. 81

J. K. Welch M.D.,
Medical Attendant.

*Address,* 158 Hanover St

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## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 14 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. E. Chenowith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* white *Sex,* male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Machinist

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 25 S. Front St

*Cause of Death,* First (Primary,) Heart Disease

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 16th 1883

*Undertaker,* Thos S Hughs

*Place of Business,* No 60 E Balto st *Address*

Alex Tenley *M. D.*
*Medical Attendant.*
Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42193

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

*Date of Death,* August 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Barbara Borschky

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 7 Months, 11 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} S. E. Cor Lemon St & Colender Alley

*Cause of Death,* First (Primary,)

Second (immediate,) Scarlet fever

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician

*Place of Burial,* Mt Carmel Ct

*Date of Burial,* August 16th 1883

*Undertaker,* Henry Reich

*Place of Business,* 309 Central Ave

H. W. Webber M. D.
Medical Attendant.

*Address* 298 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42198

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur W. Rollins

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* _____ *Years,* _____ *Months,* Seven *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* one week

*Place of Death,* {Give street and number} cor. Fort & Battery Aves.

*Cause of Death,* First, (Primary,) Marasmus (?) (an eight months' child)

Second, (Immediate,) Asthenia

*Duration of last Sickness,* one week

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 16th 1880

*Undertaker,* Armstrong & Penny

*Place of Business,* 603 Light St

K. B. Fishburne M. D.
Medical Attendant.

*Address,* cor Light & Cross Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42199

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

*Date of Death,* August 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Chas H. & Emma L. Scarff

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* ——— *Months,* 5 hours. ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md,

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 295 East Lombard St,

*Cause of Death,* First, (Primary.) Cyanosis.

Second, (Immediate.)

*Duration of Last Sickness,* 5 hours,

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Aug 17th

*Undertaker,* Henry Lander

*Place of Business,* 252 Lanvale ave

John S. Lynch M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1893 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Mann's

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* ..... *Days.*

*Color,* Dark

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* 4

*Place of Death,* {Give street and number.} 3 Jasper St

*Cause of Death,* {First (Primary,) Intermittent Fever

Second (Immediate,)

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lorraine Cemetery

*Date of Burial,* Aug 16

*Undertaker,* Wm H. Bishop Jr

*Place of Business,* 94 Druid Hill Ave

Chas. H. Miles *M. D.*
Medical Attendant.

*Address* 166 N. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 12201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Mosell

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ^ *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 73 Hamburg St.

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Inanition

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Aug. 16th

*Undertaker,* B. Harle

*Place of Business,* do. 411 Light St.

R. J. N. Tall M. D.
Medical Attendant.

*Address,* 152 Hanover St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

*Date of Death,* Saturday August 11th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Somerville

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 311 Aisquith St

*Cause of Death,* First, (Primary.) Malarial Fever with Typhoid Complication

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Aug 17th

Wilmer Brinton M. D.
Medical Attendant.

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave *Address,* 25 ½ Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...position of Registrars is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42203

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } James Alexander Williams

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ~~~ *Years,* 9 *Months,* ..... *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* ~~~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* Natives

*Place of Death,* { Give street and number } 37 Chestnut Ave

*Cause of Death,* { First, (Primary.) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* Two (2) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 16th 80

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry st *Address,* 197 Pearl st

W M Antrim M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Knell

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City, Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No. 1 Oxford St.

*Cause of Death,* First, (Primary,) Gastric Fever.

Second, (Immediate,)

*Duration of last Sickness,* Nine days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* August 16.

*Undertaker,* Andrew Knell

*Place of Business,* 206 Columbia St.

Louis W. Knight M. D.
Medical Attendant.

*Address,* 172 Franklin St.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

..., J. E. DUGANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said ~~deceased~~, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hervey Willis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Twenty *Years,* 7m *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Machinist

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 274 Hollins st.

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 16th 1880

J. L. Smith M. D.
Medical Attendant.

*Undertaker,* D. Jenny & Mitchell

*Place of Business,* 550 W. Fayette St. *Address,* 584 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DUBLEY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Rebecca Hughes

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 409 *Years,* 10 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Frederick County Md

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 164 Mosher st

*Cause of Death* First, (Primary,)

Second, (Immediate,) Cancer of bowels

*Duration of last Sickness,* several months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Aug 17th 1880

D. P. Hoffman M. D.
Medical Attendant.

*Undertaker,* Dewey & Mitchell

*Place of Business,* 550 W Fayette St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cecil Smith

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* One *Years,* Seven *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* all life.

*Place of Death,* {Give street and number} 144 Myrtle Avenue,

*Cause of Death* { First, (Primary,) Pertussis.
Second, (Immediate,) Convulsions

*Duration of last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cemetery

*Date of Burial,* August 17th 1880

A. C. Fox M. D.
Medical Attendant.

{ *Undertaker,* Denny & Mitchell
{ *Place of Business,* 530 W. Fayette St *Address,* Cor Fayette & Schroeder Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

*Date of Death,* August 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Steil

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Fem

*Age,* 2 *Years,* 1 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2 years 1 mo 13 days

*Place of Death,* {Give street and number} Fort Ave, next door to car stables -

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Apnoea -

*Duration of last Sickness,* nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 16th

R. B. Fishburne M. D.
Medical Attendant.

*Undertaker,* B. Manly

*Place of Business,* 411 Light St

*Address,* Cor Wright & Cross

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Wheeler

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 29 *Years,* 1 *Months,* *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} M.

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balti.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number} 117 Asquith St.

*Cause of Death* { First, (Primary,) Second, (Immediate,) } Phthisis Pulmonalis

*Duration of last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug 18th/80

*Undertaker,* George Schilling

*Place of Business,* Ashland & Lynn

H. T. Reynolds M. D.
Medical Attendant.

*Address,* 186 Asquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

*Date of Death,* Aug 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Joseph~~ Amelia Schmidt

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 7 *Years,* 9 *Months,* ... *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt^o city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Bell Air Ave. near Federal St.

*Cause of Death* First, (Primary,) Diphtheria

Second, (Immediate,) Croup

*Duration of last Sickness,* three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 17th 80

A. Wm. Wood M. D.
Medical Attendant.

*Undertaker,* ~~George~~ Schilling

*Place of Business,* ~~Ashland~~ Lyman

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 19 Regester St

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rhunda Howe

*Sex,* ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

*Age,* 66 *Years,* *Months,* *Days*

*Color,* C

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line}

*Occupation,* Laundress

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Co Md

*Duration of Residence in the City of Baltimore,* 50 Yrs

*Place of Death,* {Give street and number.} 19 Regester St

*Cause of Death,* First (Primary,) 3 Burn

Second (Immediate,) 3

*Duration of Last Sickness,* 8 & 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 16 1883

*Undertaker,* Theo J Locke

*Place of Business,* 73 Jefferson st

Chas. H. Wright M.D.

Coroner ~~Medical Attendant.~~

*Address,* 67 S Ball St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 14 1883

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William ...

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Native

*Place of Death,* { Give street and number } 2 J Guilford Alley

*Cause of Death* { First, (Primary,) Ascites

Second, (Immediate,) Asthenia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sarum Cemetary

*Date of Burial,* August 16/1883

*Undertaker,* Charles A White

*Place of Business,* 35 Granby Street *Address,*

U. S. Berg *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

**Permit No.** 42213 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

*Date of Death,* Aug. 15/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Orzkowska

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 18 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 3 Shakespeare St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* Augt 16

*Undertaker,* Wendelin Dippel

*Place of Business,* S. Bond st. 151

R W. Mansfield M.D.,
Medical Attendant.

*Address* 1170 Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 16 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rudolph L Gemmerman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 10 *Months,* 19 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 39 N Pine St

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,)

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* German Reform St. Paul Cemetery

*Date of Burial,* August 16, 1883

*Undertaker,* Philipp L. Dill,

*Place of Business,* 183 Columbia Ave

J G Wandel M. D.
Medical Attendant.

*Address* 205 N Lanvale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalina Walter

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Fremont & Saratoga Sts

*Cause of Death,* First, (Primary,) Tabes Mesenterica

Second, (Immediate,) Asthenia.

*Duration of last Sickness,* about 10 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Aug 16

*Date of Burial,* St Peters Cem

*Undertaker,* J B Cook

*Place of Business,* 707 W Baltimore

Mahlon Brown *M. D.*
Medical Attendant.

*Address,* 68 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Booze

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* One *Years,* —— *Months,* —— *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No. 70 Moore ally

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give street and number} No 70 Moore ally

*Cause of Death* {First, (Primary,) Indigestion / Second, (Immediate,) Convulsions

*Duration of last Sickness,* Six ~~Days~~ weeks

All the above information should be furnished by the Physician.

*Place of Burial* Sharp St Cemetery

*Date of Burial,* Aug 16 1880

*Undertaker,* S W Chase

*Place of Business,* 161 98 Howard St

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 15 — 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Preston

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 10 *Days.*

*Color,* B

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 20 Jordan alley

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 20 Jordan Alley

*Cause of Death* First, (Primary,) Infantile Convulsions

Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* August 16th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 211 N Eutaw St

C Newland *M. D.*
Medical Attendant.

*Address,* 23 McCulloh

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Barney

*Sex,* ~~Male~~ *Female,* {cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 1 *Months,* ~~—~~ *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* 4 mos

*Place of Death,* {Give street and number} 8 Chestnut St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co Md

*Date of Burial,* Augt 16 1880

*Undertaker,* W. H. Deacon

*Place of Business,* East St

James Allen M. D.
Medical Attendant

*Address,* Corner of Steadt & Patapsco

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd by — L. P. Smith

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

*Permit No.* 42219

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Thomas

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 5 E Lanetts court

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of last Sickness,* a year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 17 1880

*Undertaker,* Wm M Dunigan

*Place of Business,* 7 East St

M. D.

Medical Attendant

*Address,* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examd by — J. P. Smith 10/13

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Annie Neal

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 19 *Years,* 2 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* 13 yrs.

*Place of Death,* {Give street and number} 125 Chestnut alley

*Cause of Death,* First, (Primary.) Confinement

Second, (Immediate,) Hemorrage from Placenta Previa

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Cemetery

*Date of Burial,* August 19 1880

H T Hill M. D.
Medical Attendant.

*Undertaker,* Kennedy & Maddox

*Place of Business,* 16 Orchard St

*Address,* 361 Fountain Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 44424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwina Solomons

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* —— *Months,* 5 *Days.*

*Color,* colored *Sex,* ——

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 77 Dover str

*Cause of Death,* First (Primary,) Dentition

Second (Immediate,) Summer Diarrhoea.

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw's St Cemetery

*Date of Burial,* Sept 17 1880

Edw A Allen M. D.

~~Medical Attendant~~

*Undertaker,* Jacob Lowe

*Place of Business,* 103 Lee St

*Address* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Examined, Jos. V. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas M Faulkner

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 75 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, Widow ~~or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} U. S. A

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number} 2042 S. Exeter st

*Cause of Death,* First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Augt 16th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 416 W. Gay st

Ridgway Andre M. D.
Medical Attendant.

*Address,* 2012 E Balto st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* .....

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

*Sex, Male or Female,* { cross out the word not required in this line. } .....

*Age,* ..... *Years,* ..... *Months,* ..... *Days.*

*Color,* .....

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } .....

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* August 16th 1880 ..... *M. D.*

Medical Attendant.

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway, *Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Gros

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 59 Watson st

*Cause of Death,* First, (Primary,) Post Partum hemorrhage

Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 17

*Undertaker,* E. F. Bleuer

*Place of Business,* 201 Lexington

Henry A Hoen M. D.
Medical Attendant.

*Address,* Cor Eutaw & Baltimore Sts City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 16 1893 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15th 1893

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno L. Miller.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} 85 St. Paul, cor Mulberry

*Cause of Death* {First, (Primary,) General Paresis.
Second, (Immediate,)

*Duration of last Sickness,* About two years

All the above information should be furnished by the Physician.

*Place of Burial,* Shippensburg Pa

*Date of Burial,* August 17th 1893

*Undertaker,* C. A. Blizzard

*Place of Business,* 197 W. Balto Ave

Jno Morris M. D.
Medical Attendant.

*Address,* 5 Hanover St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintonding the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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1875 Hanover

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 15 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Boyle

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* [redacted] *Years,* 10 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 10 mo 19 days

*Place of Death,* {Give street and number} 5 E. Pratt St

*Cause of Death* First, (Primary,) Eczema

Second, (Immediate,) Whooping Cough - Exhaustion

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* August 16 1883

J. Wm Abbott M. D.
Medical Attendant.

*Undertaker,* John C. Byrne

*Place of Business,* 63 Hanover

*Address,* 5 Franklin St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children, furnish within forty-eight hours after the death to

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15 8 20 A M. 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 78 *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* X X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Marcus Hook Delaware

*Duration of Residence in the City of Baltimore,* 70 Years

*Place of Death,* {Give street and number} 143 S. Eden St

*Cause of Death,* First, (Primary,) Cerebral Apoplexy -

Second, (Immediate,) .....

*Duration of last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 17th

*Undertaker,* Mr. Frank

*Place of Business,* Bank St

James E. Donnelly M. D.
Medical Attendant.

*Address,* 929 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 15 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Kutzberger

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 66 *Years,* 4 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 56 e Pratt ste

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 17th August

*Undertaker,* Fred Eagle

*Place of Business,* 49 s Gay Balto st

J. J. Litzer M. D.
Medical Attendant.

*Address,* 160 Saratoga ste.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. M. Weber

*Sex, Male or Female,* {cross out the word not required in this line.} Fem

*Age,* 2 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2 11/12 yrs

*Place of Death,* {Give street and number} 15 Abbey Alley

*Cause of Death,* First, (Primary,) Whooping Cough & Eczema

Second, (Immediate,) convulsions

*Duration of last Sickness,* Six Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Druit Hill Cemetery

*Date of Burial,* August 17

*Undertaker,* B. Hall

*Place of Business,* 411 Light St.

R. B. Frishburne M. D.
Medical Attendant.

*Address,* Cor Light & Cross

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rohler

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Balto Md Since birth

*Duration of Residence in the City of Baltimore,* Near Cor Aisquith & Eutaw

*Place of Death,* {Give street and number}

*Cause of Death* First, (Primary,) Cerebral Congestion

Second, (Immediate,)

*Duration of last Sickness,* 48 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 18th August 1883

*Undertaker,* Edward E. Belt

*Place of Business,* Elliott St. 91

E. Jno Wilson M. D.
Medical Attendant.

*Address,* 17 Fulton Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Eugene Holzler

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* Eleven *Months,* Two *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} No. 185 Orleans Street

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Whooping Cough

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 17 1880 Wm. H. Chudwick, M. D.
Medical Attendant.

*Undertaker,* Fry & Fro

*Place of Business* 574 N. Broadway *Address,* No. 102 N. Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 15 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Mc Dar

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Alexandria Va

*Duration of Residence in the City of Baltimore,* 26 yr

*Place of Death,* {Give street and number} 10 Davis st

*Cause of Death,* First, (Primary,) Dropsy

Second, (Immediate,)

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Wednesday Aug 18th

*Undertaker,* D. W. Myers

*Place of Business,* #12 N. Balto St.

M. D.
Medical Attendant.

*Address,*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

...e special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this ...

# Board of Health, City of Baltimore.

Permit No. 44233

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 14 1880,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah V Smith,

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ... *Years,* Ten *Months,* ... *Days.*

*Color,* Colored,

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 72 S Bethel st,

*Cause of Death* First, (Primary,) Diarrhoea

Second, (Immediate,) Exhaustion,

*Duration of last Sickness,* Two Weeks,

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas F Cemetery

*Date of Burial,* Aug 17th 1880

*Undertaker,* Wm J Lucks

*Place of Business,* ...

J M Chamberlain M. D.
Medical Attendant.

*Address,* City Hospital

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVE...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Henry Stafford

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ——— *Years,* 11 *Months,* *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 15 Jenkins al.

*Cause of Death* {First, (Primary.) Bronchitis

Second, (Immediate,)

*Duration of last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Aug 17 1880

{*Undertaker,* William Lange

{*Place of Business,* No 62 East St

Eldridge C. Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14235

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT OCT 17 1883 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* 2 *Months,* 2 *Days.*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 2 mos 2 dys

*Place of Death,* {Give street and number} 89 E Jasper St

*Cause of Death* { First, (Primary,) ——— Second, (Immediate,) Cerebro Spinal Meningitis

*Duration of last Sickness,* 3 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Druid Cemetery

*Date of Burial,* Sept 17th 1880

*Undertaker,* Mc Grath

*Place of Business,* 27 Fairmount Ave.

C. A. Gillis M. D.
Medical Attendant.

*Address,* 150 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42236

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th 1883.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter R Parker.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 9 S — *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Fireman.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Not known.

*Duration of Residence in the City of Baltimore,* One Week.

*Place of Death,* {Give street and number} City Hospital.

*Cause of Death* { First, (Primary,) Burn.
Second, (Immediate,) Pneumonia.

*Duration of last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Camden — M.P.

*Date of Burial,* .....

*Undertaker,* Joseph H. Byrne

*Place of Business,* No. 59 N. Liberty St.

Frank. B. Dudley — M. D.
Medical Attendant.

*Address,* City Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

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# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42237

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd B. Phelps & May Phelps

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ *Months,* Ten *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 183 Conway St. Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 183 Conway St. Baltimore

*Cause of Death* First, (Primary,) Eczema (Eczema)

Second, (Immediate,)

*Duration of last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* A. A. County Md

*Date of Burial,* Aug 17th 1880

*Undertaker,* John Mackin

*Place of Business,* No 150 Lanvale Address, Druid Hill Ave Extended

Saml A. Ridout M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42238

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine M. Kreutzburg

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 57 *Years,* 10 *Months,* 17 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} No 437 Crown st

*Cause of Death* First, (Primary,) Dropsy abdominal

Second, (Immediate,)

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 18th

*Undertaker,* Henry Bond

*Place of Business,* Hanover St

J. C. Buch M. D.
Medical Attendant.

*Address,* 151 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florance Reynolds

*Sex, ~~Male~~ or ~~Female~~,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* One *Months,* 1 *Days.*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No. 5 Josephine St.

*Duration of Residence in the City of Baltimore,* Four weeks

*Place of Death,* {Give street and number} No. 21 Pinn alley

*Cause of Death* First, (Primary,) Scrofula

Second, (Immediate,) Lecpticemia

*Duration of last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* Aug 17 1883

*Undertaker,* John E. Jones

*Place of Business,* 1203 Pratt St.

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ed. Gisbel

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Female~~

*Age,* — *Years,* 2 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 234 East Eutaw St.

*Cause of Death* { First, (Primary,) Congenital Hydrocephalus.
Second, (Immediate,)

*Duration of last Sickness,* 6 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* August 18th.

*Undertaker,* F. X. Doll

*Place of Business,* 131 Saratoga Address, 132 S. Sharp St.

R. D. H. Dall M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below. Size of Disease or Date of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26. 1883

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Ballard

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Porter

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Dumbard Co, Md

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* { Give street and number } 66 Walnut Alley

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Typhoid Fever Asthenia

*Duration of last Sickness,* six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bay View Cemetery

*Date of Burial,* Aug 28th

*Undertaker,* B W Chase

*Place of Business,* 1 N Howard St

Herbert Harlan M. D.
Medical Attendant.

*Address,* 246 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 42242 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* August 16. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie L. Combs

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 11 *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 698. Hanover st

*Cause of Death,* First, (Primary.) Whooping Cough & Malarial Fever

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 12. weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Bel Air Shultz~~ Loudon Park Cem

*Date of Burial,* Aug 18 - 80

~~146 Hanover~~ M.D.,

Medical Attendant.

*Undertaker,* C. F. Krauss

*Place of Business,* 209 Hanover *Address,* 146. Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 12 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Barrow

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* 8 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* House Wife

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Ireland, in United States 36 years

*Duration of Residence in the City of Baltimore,* Sixteen years 8 months

*Place of Death,* {Give street and number.} 99 Argyle Ave

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* about 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 17 1883

*Undertaker,* Peter Kummel

*Place of Business,* Mulberry st

A. Mc Barrow *M. D.*
Medical Attendant.

*Address* 99 Argyle Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1878

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42244

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 17 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine McMahon

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 96 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland Ten years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 74 Mulberry St

*Cause of Death* First, (Primary,) old age

Second, (Immediate,) do do

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 18th 1883

James Bacon, M. D.
Medical Attendant.

*Undertaker,* Joseph F Byrne

*Place of Business,* 59 n Liberty *Address,* Cor. Argyle ave. & Mosher st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16 Th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John S. McComas

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* [illegible] *Years,* [illegible] *Months,* 5 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Farmer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and number } East Monument Corner of Bethel St

*Cause of Death* { First, (Primary,) Unknown. Second, (Immediate,) Diphtheria

*Duration of last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery.

*Date of Burial,* Aug 18 1880

*Undertaker,* Wm H Hickmans

*Place of Business,* 234 N. Gay St.

Milton S. Sugar M. D.
Medical Attendant.

*Address,* Broadway & Eden St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Tuesday Aug 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Fredrick

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 6 *Months,* 6 *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 48 Rose St

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 48 Rose St

*Cause of Death* {First, (Primary,) Dentation

{Second, (Immediate,) Gastritis

*Duration of last Sickness,* 3 month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cemetery.

*Date of Burial,* Aug 18th 1880

*Undertaker,* L. Reitz

*Place of Business,* No. 124 & S Broadway

J E Pinchard M. D.
Medical Attendant.

*Address,* 28 O. Donnell St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Zapf

*Sex, Male or Female,* {cross out the word not required in this line.} F

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cumberland, Md.

*Duration of Residence in the City of Baltimore,* 5 yrs.

*Place of Death,* {Give street and number} 124 Low St

*Cause of Death* { First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* 15 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cemetery

*Date of Burial,* August 19, 1880

{ *Undertaker,* Henry Hopek

{ *Place of Business,* 309 Central Ave

H. T. Reynolds *M. D.*
Medical Attendant.

*Address,* 186 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42248

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susannah Cullison

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days.*

*Color,* wht.

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Federal Court near Federal St

*Cause of Death* First, (Primary,) Consumption -

Second, (Immediate,)

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 18th 1880

*Undertaker,* Chas J Scriven

*Place of Business,* 241 N Eutaw St

G Lane Tanyhill M. D.
Medical Attendant.

*Address,* 129 N. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42249

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Harber

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* white

*~~Married, Single,~~ Widow ~~or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 yrs.

*Place of Death,* {Give street and number.} 265 S. Dallas st

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 4 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* S. Peters Cemetery

*Date of Burial,* August 19th 1880

*Undertaker,* Leonhard & Kurz

*Place of Business,* S. Broadway cor Fleet

C. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Lahr

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 9 *Years,* 7 *Months,* ..... *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 582 E. Monument St

*Cause of Death* {First, (Primary,) Scarlet Fever

{Second, (Immediate,)

*Duration of last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* First United St Pauls Lutheran Cemetery

*Date of Burial,* Aug 19th 80

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

W. L. Russell M. D.
Medical Attendant.

*Address,* Broadway & ~~Fleet Street~~

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4425

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* August 17th 12 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Glennan,

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 5 Months, 29 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} No. 5. Stockton St

*Duration of Residence in the City of Baltimore,* 5 M. 29 D.

*Place of Death,* {Give street and number.} No. 5. Stockton St.

*Cause of Death,* First, (Primary.) Purpura Hemorrhagica.

Second, (Immediate.) Asthenia.

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* August 19

*Undertaker,* Walter Immel

*Place of Business,* 252 W. Biddle *Address,* 520 Penna. Ave

H Nickert, M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 16. 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred. Zumstein

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. } Male

*Age,* 6 / *Years,* ~ *Months,* ~ *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } Married

*Occupation,* ~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } ~~Bavaria~~ Germany, in U.S. 43 years

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* { Give street and number } 215 Saratoga St.

*Cause of Death,* First, (Primary,) Cardiac Dropsy (Gueral)

Second, (Immediate,) Dyspepsia

*Duration of last Sickness,* 5 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem'y

*Date of Burial,* Aug 18

*Undertaker,* J B Cook

*Place of Business,* 707 W. Baltimore

W. F. A Krug M. D.
Medical Attendant.

*Address,* 55 N Gregory

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 44253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selina Ray

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 1 *Months,* 2 weeks *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Case

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 3 Oscar Court

*Cause of Death,* First, (Primary,) Inanition

Second, (Immediate,)

*Duration of last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Lamel Cemetery

*Date of Burial,* Aug 18th 1880

G P Gaylor M. D.
Medical Attendant.

*Undertaker,* Rec J Locks

*Place of Business,* 13 Jefferson St *Address,* 222 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44254

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Augusta Dauber

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* Sixty-four (64) *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* House work &c.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Marburg Germany.

*Duration of Residence in the City of Baltimore,* Twenty-nine years (29)

*Place of Death,* {Give street and number} #28 New Lemmon St.

*Cause of Death,* First, (Primary,) Abscess (iliac) patellar

Second, (Immediate,) Pyaemia.

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 19th

*Undertaker,* Henry Boyle

*Place of Business,* Hanover St 81

James I Bruns M. D.
Medical Attendant.

*Address,* #110 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H Harris

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 32 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Machinist

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Richmond Va

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 38 S Monroe St

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,) "

*Duration of last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Arcadia Bal Co

*Date of Burial,* Aug 19 1880

W H Keyser M. D.
Medical Attendant.

*Undertaker,* W H Leeman Son

*Place of Business,* 782 N Balto Address, McLaughlin & Calhoun

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1879 Transcript

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18-80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Watkins

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* ~~Years,~~ 10 *Months,* 20 *Days.*

*Color,* Mulatto

~~*Married,*~~ *Single, Widow or Widower,* {cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 10 20/30 mos

*Place of Death,* {Give street and number} 317 Mulberry St

*Cause of Death* { First, (Primary,) Influx. Brain
Second, (Immediate,) 3 Hrs

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 19th 1880

*Undertaker,* F. Louis Schaefer

*Place of Business,* 89 N Fremont *Address,* 349

W. H. Washington *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the following

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 8 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Conrad

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.} Male

*Age,* — *Years,* 11 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 519 Franklin St

*Cause of Death* { First, (Primary,) Hydrocephalus Acutus
Second, (Immediate,) Cerebral Paralysis

*Duration of last Sickness,* About 6 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* August 9-1880

*Undertaker,* Jeremy W Mitchell

*Place of Business,* 550 W Fayette St

Raymond and Mayfield M. D.
Medical Attendant.

*Address,* 64 N Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Banks.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* 7 *Days.*

*Color,* Black-

~~Married~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Wagon alley - Balto City - all his life.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Wagon alley - no number.

*Cause of Death* { First, (Primary,) Pthisis Mesenterica

Second, (Immediate,)

*Duration of last Sickness,* 5 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 18 1880

A. S. Nath, M. D.
Medical Attendant.

*Undertaker,* W. Elton Manager

*Place of Business,* No 62 East Pratt *Address,* Balto Infirmary.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42259

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

*Date of Death,* Aug 17, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Herbo[illegible]

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 6 *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 7 Years

*Place of Death,* {Give street and number.} Blair Road above Washington Av

*Cause of Death.* First, (Primary.) Epileptiform Convulsions and Coma.

Second, (Immediate.)

*Duration of Last Sickness,* 36 Hours.

All the above information should be furnished by the Physician.

Diphtheritis in the house and the one on each side. Location needs inspecting

*Place of Burial,* Balto. Cemetary

*Date of Burial,* 19th August 1880

*Undertaker,* Wm. Nicolaus.

*Place of Business,* 258 Alice Ann St.

J. W. White M.D.,
Medical Attendant.

*Address,* 34 N Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister M. Aloysius McGinnis

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 28 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Sister of the Good Shepherd

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Penn

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number} House of the Good Shepherd Thirdst & Forrest St

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

*Duration of last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Sisters Private Cemetery

*Date of Burial,* Aug 19th

*Undertaker,* L. B. Cook

*Place of Business,* 707 W. Balto

Chas F. Michaelis M. D.
Medical Attendant.

*Address,* 283 W Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Dr Michaelis Balto Md Aug 19 Certificate to Health Office

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42261

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 18 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 16th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mabel Blake

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* One *Months,* 20 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} East 21 195

*Cause of Death,* First, (Primary.) Deficient Lactation of the mother

Second, (Immediate,) Feeding Indigestion

*Duration of last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* August 18

*Date of Burial,* Laurel Cemetery

E. E. Baldwin M. D.
Medical Attendant.

*Undertaker,* Wilkins & Degree

*Place of Business,* 62 East St

*Address,* 124 n Exeter st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 42262 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* August 18th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Gruter

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* — *Years,* — *Months,* Thirteen (14) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number. } 84 Hanover Street

*Cause of Death,* First, (Primary.) Asthenia

Second, (Immediate.)

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 19th 1880

*Undertaker,* Henry Hoeft

*Place of Business,* 884 N. Central Ave (Address,) E. Eager and Fallsway

T. Edelen M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 42263

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 17th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles N Baker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 27 *Years,* 6 *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 99 Chew St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Chronic Pneumonia

*Duration of Last Sickness,* Eight weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Aug 19th 1883

Wm Whitridge M.D.,
Medical Attendant.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St *Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Donohue

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* 77 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 446 E. Lombard St.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Haemorrhage

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* August 20th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 63 S. Broadway

E. T. Evans M.D.

Medical Attendant.

*Address,* 406 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

SAFETY ▲ FILM ■ ▲

Board of Health, City of Baltimore,

Permit No. 44265 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Kline

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 10 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} Marshall ave

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Malarial Fever

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* August 20 1880

Thos Bond M.D.,
Medical Attendant.

*Undertaker,* Julius Koechler

*Place of Business,* Sharp Street *Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday August 18 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Henry Lupton

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Years, 11 Months, 5 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No. 23 N. Schroder St.

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Aug 20th 1880

*Undertaker,* Geo S Cook

*Place of Business,* 1707 Eutaw Street

J. Dunnett Norris M. D.
Medical Attendant.

Address, # 552 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 19 1883 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* August 18th 1880. 4 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bennett.

*Sex, Male or Female,* {cross out the word not required in this line.} Female —

*Age,* 44 *Years,* 7 — *Months,* 16 — *Days.*

*Color,* White —

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married —

*Occupation,* wife —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hagerstown. Md —

*Duration of Residence in the City of Baltimore,* Four + half years

*Place of Death,* {Give street and number} #6. Arquette. Sts.

*Cause of Death* First, (Primary.) Typho-malarial fever —

Second, (Immediate,) Pernicious form of the above fever.

*Duration of last Sickness,* 10 days — —

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 20th

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* #8 E. Fayette. St.

G. A. Dodd M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 4422.68

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 19 1893 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* August 18

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louisa Kimmel

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 7 *Months,* 13 *Days.*

*Color,* w

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and number. } 9 Forde's La —

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Spasms

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* August 19

*Undertaker,* B. Glenn & Co

*Place of Business,* 411 Light St.

R. H. P. Ellis M.D.,

Medical Attendant.

*Address,* 315 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balt...

Permit No. 42269

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Dooley

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* — *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} N' 383 S. Eutaw St.

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Prostration

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* Augt 19th 1880

*Undertaker,* Jas W. Loane

*Place of Business,* 166 Fremont Balto

Henry Salzer M.D.,
Medical Attendant.

*Address,* 165 W. Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 2 1893 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 17th 1893

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Beck

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 5 *Months,* *Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 170 S. Ann St.

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Aug. 18 '93

Edwd F. Shaud M. D.
Medical Attendant.

*Undertaker,* J. C. Frances

*Place of Business,* 288 Canton *Address,* 1 S Broadway

Above

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4227

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Alexander

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~____~~ *Years,* 2 *Months,* ~~____~~ *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} U S A

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 23 N Central Avenue

*Cause of Death,* First, (Primary,) Marasmus (Bowels)

Second, (Immediate,) 2 Weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Hebr. Cemetery

*Date of Burial,* Aug. 20th 1880

*Undertaker,* Wm Eiler

*Place of Business,* on Gough St. *Address,* 121 E Baltimore St

J Ridgeway Smith M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44272

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Gibby

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* 7 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} County

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 2 Dawson Alley

*Cause of Death* { First, (Primary,) Cholera Infantum

Second, (Immediate,) .....

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bay View

*Date of Burial,* August 19th 1880

*Undertaker,* S. H. Evans

*Place of Business,* 1 [illegible]

Wm. H. Gladd M. D.
Medical Attendant.

*Address,* 16 S Wolfe

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
AUG 19 2
1883
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Courtney

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Each his Life

*Place of Death,* {Give street and number} 17 L. Pine St

*Cause of Death* First, (Primary.) Whooping Cough

Second, (Immediate.) Exhaustion

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 19 1880

*Undertaker,* J. H. Blake

*Place of Business,* 1918 Howard St

J. B. Gardner *M. D.*
Medical Attendant.

*Address,* 120 N. Green St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42274 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 18th Aug 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Carey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* Colo

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 38 Wayne st

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Clinton

*Date of Burial,* Aug 19 1883

*Undertaker,* S H Blase

*Place of Business,* No 198 Pennsa Ave

H W Webster *M.D.,*
Medical Attendant.

*Address,* 57 Bank

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42275

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 2 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Dunnaway Infant

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* One *Years,* One *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 209 Columbia Ave

*Cause of Death* {First, (Primary,) Second, (Immediate,)} Cholera Infantum

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Aug 20th 1880

*Undertaker,* Wm J. Nickum

*Place of Business,* 65 S. Eutaw

Jno D. Blake *M. D.*
Medical Attendant.

*Address,* 168 Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 18th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parker Jackson

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 2 d *Years,* *Months,* *Days*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Book binder

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Cecil Co Md

*Duration of Residence in the City of Baltimore,* 9 yrs

*Place of Death,* {Give street and number.} Farmers Wharf. Alice Anna St near Boston St

*Cause of Death,* First (Primary,) Burned

Second (Immediate,)

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Cecil Co Md

*Date of Burial,* August 20th 1880

*Undertaker,* Henry Sander

*Place of Business,* 242 Canton Ave

Chas H. Mosher M.D.
Coroner E D
Medical Attendant.

*Address,* 62 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

August 1880

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 11277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 2 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* July 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barbara Deagan

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number} 7 Elliott St

*Cause of Death* First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* July 20th

*Undertaker,* Henry Snyder

*Place of Business,* 252 Canton Ave.

E. Jay Quinn M. D.
Medical Attendant.

*Address,* 1 Eutaw Pl.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 19 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number} 4 Morris Alley

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodensville Prince George County Md

*Date of Burial,* August 21st 1883

*Undertaker,* Wm. H. Bishop Jr.

*Place of Business,* 97 Druid Hill Ave.

Philip C. Williams M. D.
Medical Attendant.

*Address,* 201 Madison Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1881 Transit

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44279

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 19 2 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hy & Fitzsimmons

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 17 *Years,* 7 *Months,* 26 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* 17. 7. 26

*Place of Death,* {Give street and number.} 166 Lee St.

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,)

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* August 20 1880

*Undertaker,* J. L. B. Bryant

*Place of Business,* #63 Front

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover Barnes

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1883.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katy Boyle

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Female

*Age,* ~~—~~ *Years,* 10 *Months,* ~~—~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ~~—~~

*Place of Death,* {Give street and number} No 131 Fremont St.

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home Cemetary

*Date of Burial,* Aug. 21st

*Undertaker,* Andrew Knell

*Place of Business,* 206 Columbia

O. L. Riddenbough M. D.
Medical Attendant.

*Address,* 166 S. Paca St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 14281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG. 20 1883 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Roettiger

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 8 *Months,* — *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} No. 187 S. Wolf st near Canton ave

*Cause of Death,* First (Primary,) Wasting disease

Second (Immediate,) caused by Measles and Hooping-cough.

*Duration of Last Sickness,* 2 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* Augt. 20th

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond st. 151

E. M. Schmitt M. D.
Medical Attendant.

Address S.W. cor. Wolf st & Canton ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 20 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Batchelor

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.} Male

*Age,* Seventy Eight *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Shoemaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* Sixty Five Years

*Place of Death,* {Give street and number} No 39 Holland st

*Cause of Death* { First, (Primary,) old age
Second, (Immediate,) one week

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Augs 21st 1880

*Undertaker,* Henry K. Mears

*Place of Business,* 146 N. Gay St

H. P. Yeales M. D.
Medical Attendant.

*Address,* 137 N. Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 14283

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel H. Ballard

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* 2 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* {Give street and number} 423 N. Fremont St

*Cause of Death* {First, (Primary,) Diarrhoea / Second, (Immediate,) Congestion of brain

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Aug 20

*Undertaker,* H. W. Blizard

*Place of Business,* 201 Park Ave.

J. D. Edmiston M. D.
Medical Attendant.

*Address,* 431 Penna. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE.

*Date of Death,* Aug. 19th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Rhodes

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 303 Hamburg st.

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,)

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* August 20th 1883

K. M. Hall *M. D.*
Medical Attendant.

*Undertaker,* Geo H. Perkins & Sons

*Place of Business,* 130 Henrietta St *Address,* 262 S. Sharp st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 112285

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 20. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* ... *Years,* 3 *Months,* ... *Days.*

*Color,* ... *Sex,* ...

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and number.} 51 Light st

*Cause of Death,* First (Primary,) Intestinal inflammation 11 months.

Second (Immediate,) Cholera

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Aug 22 - 80

*Undertaker,* C. F. Krauss

*Place of Business,* ...

*Address* 179 Penn ave

... M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of B...

Permit No. 42286

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG. 20 1883 BALTIMORE

*Date of Death,* August 19. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman D Brauer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* — *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} 70 Camden St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Apoplexy (Supposed)

*Duration of Last Sickness,* a few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 20th

*Undertaker,* P. H. Roll

*Place of Business,* 131 Hanover

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of B...

Permit No. 42287

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG. 20. 1883 BALTIMORE

*Date of Death,* August 20. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Kugler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 42 Bringhurst St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem'ty

*Date of Burial,* August 21

*Undertaker,* B. Keirle

*Place of Business,* 411 Light St.

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie D Lubeke

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 53 *Years,* 5 *Months,* 12 *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give street and number} 22 Thames St.

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,) Typhoid Prostitis.

*Duration of last Sickness,* Thirty two days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem.

*Date of Burial,* Aug 21st

Aug F. Erich M. D.
Medical Attendant.

*Undertaker,* Henry Sander

*Place of Business,* 462 Canton Ave *Address,* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 12289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Duval

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* — *Months,* — *Days.*

*Color,* cd *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Va —

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} 250 Raborg st

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Northumberland Co Va

*Date of Burial,* Augt 20th 1880

*Undertaker,* W. N. Dinges

*Place of Business,* East st

James A Steuart M. D.
Medical Attendant.

*Address* Commissioners of Health & Registration

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1882 Transit } Examined by Geo. E. Brown Sanitary Inspector

# Board of Health, City of Baltimore,

*Permit No.* 42190

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE.

*Date of Death,* August 19th. 5 ½ o'clock P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank William Hartman.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* One *Years,* ——— *Months,* Fifteen *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} N. E. Cor. Columbia Ave.

*Cause of Death* {First, (Primary,) Cholera Infantum.
Second, (Immediate,)

*Duration of last Sickness,* Six (6) days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery.

*Date of Burial,* Aug. 21st.

*Undertaker,* Peter Rummel

*Place of Business,* 17 Saulsbury St.

Fred. A. Claudius M. D.
Medical Attendant.

*Address,* N. E. Cor. Columbia Ave. & Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42291

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE.

# CERTIFICATE OF DEATH

*Date of Death,* 20th August 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie M. Dew

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 14 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 214 Constitution st

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 21st 1880

H. W. Webster M.D.,
Medical Attendant.

*Undertaker,* Thos S Hughes

*Place of Business,* ~~60 E Baltimore St~~ *Address,* 57 Bank st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 12292

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 8th. 19. 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter S. Dew

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 14 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt:

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 214 Constitution St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Gatto Cemetery

*Date of Burial,* August 21st, 83.

*Undertaker,* Thos S Hughes

*Place of Business,* 60 E Gatto St

H. W. Webster M.D.,
Medical Attendant.

*Address,* 57 Bond

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

State of Maryland, City of Ba...

Permit No. 42293

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG. 21 1883 BALTIMORE.

# CERTIFICATE OF DEATH

*Date of Death,* Aug 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Curley

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 78 York St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cy Mordamus

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Aug 21st

*Undertaker,* Timothy Dean

*Place of Business,* 263 Light *Address,* 146 Hanover St

Sherard Coale M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 142964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 20

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Link

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* ——— *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} No 399 Canton Ave.

*Cause of Death,* {First, (Primary,) Inanition

Second, (Immediate,) ———

*Duration of last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Graveyard

*Date of Burial,* August 21st 1883

*Undertaker,* H. M. Gilmeyer

*Place of Business,* 341 Canton Ave. *Address,* 12 S. Eden St

G. O. Mustermann M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alcinda Stevens

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* about 84 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Va

*Duration of Residence in the City of Baltimore,* about 40 yrs

*Place of Death,* {Give street and number.} 31 Scott St.

*Cause of Death,* {First (Primary,) — Second (Immediate,) Old age

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 21st 1880

*Undertaker,* Wm. Hacker

*Place of Business,* No 150 Camden

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover & Barre Sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14296

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 21 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Kaiss & C. F. Kaiss

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 5 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 234 Hanover Street Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 234 Hanover Street

*Cause of Death,* First, (Primary,) Natural

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cy

*Date of Burial,* Aug 21st 1883

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Bragg Sts

J. K. Wiley M. D.
Medical Attendant.

*Address,* 158 Hanover Street Baltimore City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 21 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Tues August 20th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Jones

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 132 Ridgely St

*Cause of Death* { First, (Primary,) Diphtheria
Second, (Immediate,) One Week

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 21st 1880

Wm D Bloom *M. D.*
Medical Attendant.

*Undertaker,* Joseph F Byrne

*Place of Business,* 59 n Liberty *Address,* 168 Lee St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 21 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug — 21. 1880 —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Amelia Caspar —

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* / *Years,* *Months,* / *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore —

*Duration of Residence in the City of Baltimore,* as above —

*Place of Death,* {Give street and number.} No 20 Albemarle St —

*Cause of Death,* First (Primary,) Entero-colitis —

Second (Immediate,) adynamia & collapse —

*Duration of Last Sickness,* 3 days — (?)

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemty

*Date of Burial,* August 22d

*Undertaker,* H. Frochlich

*Place of Business,* 244 Eastern av

B. F. Brooks M.D.
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 21 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9 August, 2 o'clock 9 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Feller

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 28 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 yrs

*Place of Death,* {Give street and number} 17 Walker St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* Several months

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Aug 22 1880

*Undertaker,* M. Fraser

*Place of Business,* 250 Canton Ave

Attest Thurston M. D.
Medical Attendant.

*Address,* 11 S. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Certificate No. 12301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1893 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Aug 20th

Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Murray

Male or ~~Female~~, {Cross out the word not required in this line.}

1 Years, 1 Months, Days.

When

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Farm

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Last Residence in the City of Baltimore, Canton

Place of Death, {Give street and number} 183 N Front

Cause of Death, {First, (Primary,)} Pneumonia

{Second, (Immediate,)}

Duration of last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetary

Date of Burial, Aug 22

Undertaker, H. Clarke & Sons

Place of Business, #64 E. Balto. St Address,

Chas O'Donovan M. D.
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DUCATY & CO. CATO. PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

# Board of Health, City of Baltimore,

Permit No. 42301

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, August 20, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Collier

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Sixty Seven Years, ____ Months, ____ Days.

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Blacksmith

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, Forty Six Years

Place of Death, {Give street and number} No. 295 Orleans St.

Cause of Death, {First, (Primary.) ____ Second, (Immediate,) Hematemesis

Duration of last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Aug 22nd 1880

Undertaker, Jas A Bell

Place of Business, 54 N Broadway

Wm H Clendinin, M. D.
Medical Attendant.

Address, No 102 N Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42302.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 21 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Gearen

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 9 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number} S. E. Cor. Exeter & Front. St.

Lifetime

*Cause of Death,* First, (Primary,) Acute Hydrocephalus

Second, (Immediate,)

*Duration of last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem. | Wm. Burke Boyle M. D.

*Date of Burial,* Aug 22 d | Medical Attendant.

*Undertaker,* H. C. Weidefeld

*Place of Business,* 90 Greenmount | *Address,* 166 E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42303.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 21, 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* aug 22d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katrina Aue

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~* {Cross out the word not required in this line.}

*Occupation,* Household occupations

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give street and number} 68 Park ave

*Cause of Death* {First, (Primary.) Softening of brain

{Second, (Immediate,) Paralysis

*Duration of last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* H Alphonsus

*Date of Burial,* Aug 24

*Undertaker,* H. Bergman

*Place of Business,* 45 E Clay St

W. P. Morgan M. D.
Medical Attendant.

*Address,* 175 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

*Permit No.* 42304

OFFICE OF REGISTRAR OF VITAL S[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 / 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathalia R. Harris

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* 8 *Months,* 26 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} born on the vessel Nathalia while crossing the Atlantic Ocean

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number.} Washington str. near Chase str

*Cause of Death,* {First (Primary.) Tuberculosis Pulmonum / Second (Immediate,)}

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 23 / 80

*Undertaker,* H. Hevak

*Place of Business,* Central Ave

A Aranzohn M. D.
Medical Attendant.

*Address* 145 Aisquith Str

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 42305 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a fast illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH AUG 21 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Day

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 47 Brown St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Congestion of the Brain

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* August the 20

*Undertaker,* [illegible] Hall

*Place of Business,* 411 Lap[illegible] St.

Thurdon Cogla M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTI

*Permit No.* 12306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Rowe

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} not Know

*Occupation,* Seaman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 1 Day

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* { First, (Primary,) Injury to arm by Machinery
Second, (Immediate,) Lock jaw

*Duration of last Sickness,* 16 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Wes Pub Cemetery

*Date of Burial,* Aug. 20 80

*Undertaker,* P D Kershner

*Place of Business,* 50 Carollton Ave

WEST M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 14307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 19th Supposed

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Unknown Man

*Sex, Male ~~or Female~~,* { Cross out the words not required in this line. }

*Age,* Unknown *Years,* about 45 Years *Months,* *Days*

*Color,* C

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Unknown

*Occupation,* "

*Birthplace,* { State or country (and how long in United States, if of foreign birth.) } "

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } Light St Wharf

*Cause of Death,* { First (Primary,) Drowned / Second (Immediate,) }

*Duration of Last Sickness,* Sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemetery

*Date of Burial,* Aug 19/ 83

*Undertaker,* P Kelcher

*Place of Business,* 50 Hamilton Ave

Chas M. Morfit M D Corner &
for S. A Bell
Corner. S D *M.D.*
Medical Attendant.

*Address,* 67 S Bucks St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimo

Permit No. 42308

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

*Date of Death,* August 20

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Louis Beth

~~Sex~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

*Age,* 76 *Years,* 3 *Months,* 3 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Tayler

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number} 66 S Carline St

*Cause of Death* {First, (Primary,) Old age

, {Second, (Immediate,) Marasmus

*Duration of last Sickness,* several months

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Cemetery

*Date of Burial,* Aug 22th 1880

*Undertaker,* Caspr Eckhardt

*Place of Business,* 269 Canton Ave

Dettmann M. D.
Medical Attendant.

*Address,* 131 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

Permit No. 42309

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Weed

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* —— *Years,* Six *Months,* *Days.*

*Color,* Mulatto,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No. 9 Peirce St.

*Duration of Residence in the City of Baltimore,* Six months

*Place of Death,* {Give street and number} No. 57 - St. Paul St.

*Cause of Death* First, (Primary,) Eczema

Second, (Immediate,) Prostration.

*Duration of last Sickness,* One week -

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem'y

*Date of Burial,* Aug 23 1880

*Undertaker,* P. A. Mullin

*Place of Business,* ——

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 42310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

VITAL STATISTICS DEPARTMENT
AUG 30 1880
1883
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Devine

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* — *Years,* 6 *Months,* 2 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt^o city.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 29 Centre Market

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cemetery

*Date of Burial,* August 21 1880

Abram R Arnold M. D.
Medical Attendant.

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimor

Permit No. 11231

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE.

*Date of Death,* Aug 19 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvin Young

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Fifty-four *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Miner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and number} 2 Nine St. Road

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Four weeks (last attack)

All the above information should be furnished by the Physician.

*Place of Burial,* Levindale Cemetery

*Date of Burial,* August 22 1883

*Undertaker,* William Monroe

*Place of Business,* 1062 E. Balt St.

Prof. Duncan *M. D.*
Medical Attendant.

*Address,* 680 N. Fulton

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

Permit No. 42312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F Lachr.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 5 *Months,* ____ *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 136 S Paca St.

*Cause of Death,* First, (Primary.) "Gastro-Enteritis"

Second, (Immediate,) Exhaustion,

*Duration of last Sickness,* 4 hrs,

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* August 22, 1880

J. H. Hamburger M. D.
Medical Attendant.

*Undertaker,* Henry Hoen

*Place of Business,* 389 Central Ave *Address,* 222 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42313

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE

*Date of Death,* Aug. 20th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Coleman

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* Thirty *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* twelve years

*Place of Death,* {Give street and number.} 104 Hanover St.

*Cause of Death,* First, (Primary.) Uterine Thrombosis } See other side of Certificate.

Second, (Immediate.) Cardiac Embolism

*Duration of Last Sickness,* Instantaneous

**All the above information should be furnished by the Physician.**

*Place of Burial,* St Peters Cem

*Date of Burial,* Aug 22nd 1880

*Undertaker,* E. P. Evans

*Place of Business,*

Dr. L. H. Barclay M.D.,
Medical Attendant.

*Address,* 47 Conway St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimo

Permit No. 4423/4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 2 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Ann Gephart

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 67 *Years,* 1 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Eastern Shore – Maryland

*Duration of Residence in the City of Baltimore,* About 20 yrs.

*Place of Death,* { Give street and number } #229 N. Bond St.

*Cause of Death* { First, (Primary,) Senile Gangrene / Second, (Immediate,) Exhaustion

*Duration of last Sickness,* About 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Cumberland Md

*Date of Burial,* Aug 23d/80

*Undertaker,* George Schilling

*Place of Business,* Ashland Express

Geo. J. Hartman M. D.
Medical Attendant.

*Address,* #305 N. Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1883

[OVER.]

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

Permit No. 14315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE

*Date of Death,* August 21 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alverta Cole

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 30 *Years,* 6 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* 12 Years.

*Place of Death,* {Give street and number.} 11 Mc. Machen St.

*Cause of Death* { First, (Primary,) Accouchment
Second, (Immediate,) General debility & exhaustion

*Duration of last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 23d 1880

*Undertaker,* Wm. Weaver

*Place of Business,* No 202 N. Eutaw St *Address,* 431 Penna. Ave.

J. H. Christian M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 42316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20. 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas McDermott

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 68 *Years,* 5 *Months,* 19 *Days.*

*Color,* W

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* { Cross out the word not required in this line. }

*Occupation,* Tailor

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* { Give street and number } 224 Lee St.

*Cause of Death,* { First, (Primary,) Saw him only just before death

Second, (Immediate,) he appeared to be dying of Exhaustion

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross cemetery

*Date of Burial,* [illegible]

*Undertaker,* B Hardy

*Place of Business,* [illegible]

[illegible] M. D.
Medical Attendant.

*Address,* No 411 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 21 2 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 20 August

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hohman

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 20 *Years,* 6 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Clerk

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 340 Mulberry

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 22 1883

*Undertaker,* Wm Illeachue

*Place of Business,* No 150 Lombard

S J Knight M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimo

Permit No. 42318

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin H Elliott

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 41 *Years,* 7 *Months,* 21 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Farmer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ida Hill Adams Co Pa

*Duration of Residence in the City of Baltimore,* 2 Days

*Place of Death,* {Give street and number} 558 West Lombard St

*Cause of Death* { First, (Primary,) Diabetes, Second, (Immediate,) Hepatitis

*Duration of last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Idaville Adams Co Pa M. E. Ch.

*Date of Burial,* Aug 23rd 1880

*Undertaker,* Jas. B. Cook

*Place of Business,* No 707 W Baltimore street

Samel Eccleston M. D.
Medical Attendant.

*Address,* 558 W Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Samuel Bennett 1884

[OVER.]

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

**Permit No.** 42319

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Medley

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Female~~

*Age,* ____ *Years,* 3 *Months,* 14 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland Baltimore

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 26 Myrtle Av

*Cause of Death,* First, (Primary,) Diarrhea

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* About a month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 22nd 1883

*Undertaker,* Keighly & Saddler

*Place of Business,* No 116 Eutaw St

M M Antim M. D.
Medical Attendant.

*Address,* 192 Pearl St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Board of Health, City of Baltimore

**Permit No.** 12320

OFFICE OF REGISTRAR OF VIT...

The Physician who attended any person in a last illness is responsible for the presentation of this Certific... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE AUG 22 1883

*Date of Death,* Aug 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret F. Shepherd

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* 52 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Wirtenburg Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 301 Scott S—

*Cause of Death* {First, (Primary,) Dropsy
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* August 23

*Undertaker,* John S. Mercher

*Place of Business,* 150 Camden St.

Geo. W. Benson M. D.
Medical Attendant.

*Address,* 144 Hanover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1893 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 20th, 1893.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B. Shuster

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 918 E. Baltimore

*Cause of Death* { First, (Primary,) Pneumonitis
Second, (Immediate,)

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Matthews Cem.

*Date of Burial,* Aug 22nd

*Undertaker,* Henry Lauder

*Place of Business,* 252 Central Ave

*Address,* 2411 E. Baltimore

J. Bolte M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

# Board of Health, City of Baltimor

Permit No. 112322

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 20 Aug

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Bowie

*Sex, Male or Female,* {cross out the word not required in this line.} F

*Age,* 12 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md

*Duration of Residence in the City of Baltimore,* 5 Years

*Place of Death,* {Give street and number} 25 Harris Alley

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Typhoid Malarial Fever

*Duration of last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 22 of Aug 1880

*Undertaker,* Charles L Wild

*Place of Business,* 35 Granby St

WM Kellam M. D.
Medical Attendant.

*Address,* Stricker & Granby Sts

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 2 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 20th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Maddox

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } V

*Occupation,* Porter

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Born Here

*Place of Death,* { Give street and number } 93 Orchard

*Cause of Death,* First, (Primary,) (Very Sudden death)

Second, (Immediate,) (Supposed heart disease)

*Duration of last Sickness,* Died Suddenly in apparent health

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 22d 1880

W H Hartman M. D.
Medical Attendant.

*Undertaker,* E W Chase

*Place of Business* 198 Howard st *Address,* 192 Park st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. Boston

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Trader

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and number } 93 Eden St.

*Cause of Death* { First, (Primary,) Paralysis

Second, (Immediate,) 4 months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Augt 22 1880

*Undertaker,* E M Chase

*Place of Business,* 198 Howard St

C. M. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ity of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE AUG 22 1883

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L. Lee

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and number} 498 E. Fayette st.

*Cause of Death* First, (Primary,) Cholera infantum

Second, (Immediate,)

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Comty

*Date of Burial,* August 23.

*Undertaker,* John Herring.

*Place of Business,* 382 Orleans st.

P. L. Davis M. D.

Medical Attendant.

*Address,* 217 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 12326 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Hartman

*Sex, Male or Female,* {cross out the word not required in this line.} ——

*Age,* ——— *Years,* Seven *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* See Life

*Place of Death,* {Give street and number} 222 East Pratt St.

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) ———

*Duration of last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Aug 22 d 1880

A. C. Fox M. D.
Medical Attendant.

*Undertaker,* Wendelline Zipfel

*Place of Business,* 151 S Bond St *Address,* Cor Fayette & Schroeder Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

*Permit No.* 42327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 21 1883.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Enson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 0 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} No 5 Fountain St.

*Cause of Death* {First, (Primary,) Diphtheria

{Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem.

*Date of Burial,* Augt. 22 1883

*Undertaker,* Wendel Differt

*Place of Business,* S. Bond st. 151

J. J. White M. D.
Medical Attendant.

*Address,* 2 [illegible]

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...tions is Respectfully Invited to the ...

# Board of Health, City of Baltimore,

t No. 42328

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* e Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT ADOPTED AUG 22 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*of Death,* Augt 20 1880

*Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Krause

*Male or Female,* {cross out the word not required in this line.} Female

..... *Years,* 1 1 *Months,* 0 *Days.*

*r,* White

*rried, Single, Widow or Widower,* {Cross out the word not required in this line.}

*cupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 65 Cambridge St

*Cause of Death* {First, (Primary,) Cholera Infantum

, {Second, (Immediate,)

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 23

*Undertaker,* Wm H Dyer

*Place of Business,* Bond St 157

*M. D.*
Medical Attendant.

*Address,* 244 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

*Permit No.* 42329

OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 20. 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Baker

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Steerdore

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany 25 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Leny Dock -

*Cause of Death,* First (Primary,) Drowning

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Ot. St Johns Cemetery Alex Jenkins M. D.

*Date of Burial,* August 22d ~~Medical Attendant.~~ Corner

{*Undertaker,* Ot. Lunt

{*Place of Business,* 35 Bank. *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12380

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Spicer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Three (3) *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Co. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 17 Cantrell St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonary

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Five (5) Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug 23 1883

*Undertaker,* M. Franor

*Place of Business,* 280 Conlon

J. L. Wells M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42331

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C. Snow

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 1 *Years,* 5 *Months,* — *Days.*

*Color,* white

*Married, Single, Widow & Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Girl

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number} 42 Low St

*Cause of Death,* First, (Primary,) marasmus

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* August 23 1880

David Streett M. D.
Medical Attendant.

*Undertaker,* Wm. T. Hughes

*Place of Business,* 60 E. Baltimore St. *Address,* 1432 E. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No:** 42332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 2nd 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kessner

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city, Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} # 314 Alice Anna St

*Cause of Death,* First, (Primary,) Internal convulsions

Second, (Immediate,) ____

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alexius Cemetery

*Date of Burial,* 2d Inst

*Undertaker,* Michael Funk

*Place of Business,* 35 Bank st

John H. Rehberger *M. D.*
Medical Attendant.

*Address,* # 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**Permit No.** 12333

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} C. S. Holton, M.D.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* 7 *Months,* 1 *Days.*

*Color,* White. *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Physician.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Pawney Lewis,

*Duration of Residence in the City of Baltimore,* 1 Yrs.

*Place of Death,* {Give street and number.} 143 Fulton Ave.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) 5 Mos.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery 5 Mos. 1 Yrs

*Date of Burial,* August 25th 1880

*Undertaker,* Wm. Weaver

*Place of Business,* No 202 N. Eutaw St *Address* (Gr. St. Baltimore Md.)

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish in forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate g forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12334

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 1893 BALTIMORE.

# CERTIFICATE OF DEATH

*Date of Death,* August 21st 93

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Schneidmiller

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, 4 Days.

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 33 Brune

*Cause of Death,* First, (Primary.) Capillé Bronchitis

Second, (Immediate.) Meningitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* Aug 23d 1893

*Undertaker,* D. Wiegand

*Place of Business,* 166 Druid Hill Ave

Louis Bolton M.D.,
Medical Attendant.

*Address,* 60 Druid Hill Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1893 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22nd 1893

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Lundeman Jr

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ 8 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} # 176 S. Ann St.

*Cause of Death,* First, (Primary,) Inflammation Diarhoea

Second, (Immediate,) accompanied by Congestion of Brain.

*Duration of last Sickness,* Two months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* Aug 23rd

*Undertaker,* C F. Krause

*Place of Business,* ____

John H. Rehberger M. D.
Medical Attendant.

*Address,* # 243 Alice Anna St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mary Bridoll

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 92 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bavaria (Germany)

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Asylum of the Little Sisters of the Poor Cor. John and Valley Streets

*Cause of Death,* First, (Primary,)

Second, (Immediate,) general Debility

*Duration of last Sickness,* a few days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* August 23rd 1880

Wm. Brooke Boyle *M. D.*
Medical Attendant.

*Undertaker,* H. S. Cloud Sons

*Place of Business,*

*Address,* 116 E. Eager St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...rd of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATI...

*Permit No.* 42387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Bantum

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ... *Years,* 10 *Months,* ... *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 226 Orleans St

*Cause of Death* First, (Primary,) Remittent Fever

Second, (Immediate,) ...

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* 23 Aug 1880

*Undertaker,* Charles S White

*Place of Business,* 35 Granby St

W. E. Russell M. D.
Medical Attendant.

*Address,* Broadway & Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STA

Permit No. 42338

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 21 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Louisa Buckenbaugh

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} "

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 187 John "

*Cause of Death,* First, (Primary,) Chr Inf

Second, (Immediate,) Con Conv

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 23 August

*Undertaker,* J J Whalen

*Place of Business,* 341 Pen Ave

C H Nettleton M. D.
Medical Attendant.

*Address,* 73 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 232 BALTIMORE

*Date of Death,* August 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Lotus Passagno (Parent)

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ~~Years,~~ ~~Months,~~ Half an hour ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 63 President st. half an hour.

*Cause of Death,* First, (Primary,) Premature birth (6th Month) lived about

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cem.

*Date of Burial,* Augt. 23th

D W Cathell M. D.
Medical Attendant.

*Undertaker,* Wendel Dilgert

*Place of Business,* S. Bond st. 151 *Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42340

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 2 3 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Coyle Brown

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 175 Eutaw St.

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Acute Hydrocephalus

*Duration of last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* H. Wolfe's A

*Date of Burial,* Aug 23 1880

*Undertaker,* H. Mock

*Place of Business,* 309 N. Eutaw

Jno. Brooke Boyle M. D.
Medical Attendant.

*Address,* 166 E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 12341

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 23 2 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Bosckly

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 11 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} No 2. Walker Alley

*Cause of Death,* First, (Primary.) Scarlatina Maligna

Second, (Immediate.) Pyrexia

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* August 24 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 309 Central Ave Address, E & Eager Fredericks

F W Klein M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL ST...

Permit No. 43342

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 3 P.M. 20th August 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Hordon

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* Supposed abt 70 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*~~Married, Single,~~ Widow ~~or Widower,~~* {Cross out the word not required in this line.} Widow

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Westmoreland Co Virginia.

*Duration of Residence in the City of Baltimore,* Nearly 40 years

*Place of Death,* {Give street and number} 192 Tyson St or Lemmons alley

*Cause of Death,* First, (Primary,) Paralysis & old age

Second, (Immediate,) " " "

*Duration of last Sickness,* about 15 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 23 1880

Wm. J. Smith M. D.
Medical Attendant.

*Undertaker,* Madden and Hensley

*Place of Business,* 116 & 118 Lombard St

*Address,* 236 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

6 11

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burial to the Office whence issued, Saturday of each week.

No. 42343

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin L. Klingelhoefer

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 311 E. Monument St

*Cause of Death* {First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Cemetery

*Date of Burial,* Aug 23 th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

H. L. Russell *M. D.*
Medical Attendant.

*Address,* Broadway & Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

...nd ordained, That whenever any person shall die in the said city, it shall be the ... his or her last sickness, or the Coroner, when the case comes under his notice, to ...eath to the Undertaker or other persons superintending the burial, a Certificate ...ned, the full name, sex, age and condition (whether married or single) of the per... ...th, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1880 3 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl Frederick Stautzman

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 10 *Years,* 8 *Months,* 5 *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 45 S. Frederick St

*Cause of Death* First, (Primary,) Fell astraddle of a barrell on the 17th inst. injuring

Second, (Immediate,) Psoas muscles, testicles - causing general deposit of left-parts, & inflamation

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Aug 24th

A. Krug Shertzer M. D.
Medical Attendant.

*Undertaker,* [illegible]

*Place of Business,* 35 [illegible] *Address,* 11 S. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42345

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 23 1880 BALTIMORE

*Date of Death,* August 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Washington

*Sex,* ~~Male~~ *Female,* {Cross out the words not required in this line.}

*Age,* 8 *Years,* 8 *Months,* 6 *Days*

*Color,* Colored

~~*Married*~~, *Single,* *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Non

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Peach Alley

*Duration of Residence in the City of Baltimore,* all time

*Place of Death,* {Give street and number.} No 52 Peach Alley

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* from October 1879 to August 21 1880

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug

H Hewes M. D.
Medical Attendant.

*Undertaker,* G W J Perkins Jr. *Address,* No 536 Saratoga

*Place of Business,* 130 Henrietta Baltimore City Md

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

**Permit No.** 42346

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 22 August 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Wilhelm Forbes

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 2 *Years,* 6 *Months,* 5 6 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Widow~~

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Vine Str 141

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Weakness

*Duration of last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Germ~~ Luthrin Burial Hill

*Date of Burial,* Aug. 23d 1880

L. F. Reinhard M. D.
Medical Attendant.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore Str. *Address,* 224 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL ST

*Permit No.* 42347

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Spenzel

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Sixty-nine *Years,* — *Months,* — *Days.*

*Color,* European

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Grocer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

*Duration of Residence in the City of Baltimore,* Thirty-five Years

*Place of Death,* {Give street and number} 115 S. Chapel St.

*Cause of Death* First, (Primary.) Hereditary Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* About three Years

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* Aug 23 1880

*Undertaker,* McElian

*Place of Business,* 107 Gough St

A. J. Steed M. D.
Medical Attendant.

*Address,* 169 Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to List of Diseases on B

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 42348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bombach

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} # 248 S. Broadway

*Cause of Death,* First, (Primary,) Internal Convulsions

Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. [illegible] Cemetery

*Date of Burial,* Aug 23rd

John H. Rehberger M. D.
Medical Attendant.

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,* # 243 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 2 1893 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1893

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Pennington

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* Twenty Six *Years,* Five *Months,* 18 *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Wash Woman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 26 yrs

*Place of Death,* {Give street and number} Bank st Court

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Six Months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury & Cemetery

*Date of Burial,* [illegible]

A. M. Belt M. D.
Medical Attendant.

*Undertaker,* Chas J. Jacobs

*Place of Business,* 73 Jefferson *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42350

*Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1883 BALTIMORE

*Date of Death,* August 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Stanley

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 26th *Years,* —— *Months,* —— *Days.*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

*Occupation,* Domestic Svt.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 57 S Bethel St.

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 23rd 1880

*Undertaker,* John H. Tack

*Place of Business,* 579 W Balt st

Jno. S. Lynch M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL S

Permit No. 42357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1882 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 22 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lewis

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 32 *Years,* *Months,* *Days*

*Color,* C

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Co

*Duration of Residence in the City of Baltimore,* Abt 1 Year

*Place of Death,* {Give street and number.} 50 Stockholm St

*Cause of Death,* {First (Primary,) 3 Heart Disease

{Second (Immediate,) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Bloomfield

*Date of Burial,* August 23 1882

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St

Certificate Received Aug 23 1882 for Coroner S. D.

Certificate Issued Aug 23 1882 for Coroner S. D.

Certificate Filed Aug 23 1882 for Coroner S. D.

Certificate Entered Aug 23 1882 for Coroner S. D.

Certificate Compared Aug 23 1882 for Coroner S. D.

Certificate Indexed Aug 23 1882 for Coroner S. D.

Certificate Mailed Aug 23 1882 for Coroner S. D.

Certificate Delivered Aug 23 1882 for Coroner S. D.

Certificate Received Aug 23 1882 for Coroner S. D.

Certificate Issued Aug 23 1882 for Coroner S. D.

Certificate Filed Aug 23 1882 for Coroner S. D.

Certificate Entered Aug 23 1882 for Coroner S. D.

Certificate Compared Aug 23 1882 for Coroner S. D.

Certificate Indexed Aug 23 1882 for Coroner S. D.

Certificate Mailed Aug 23 1882 for Coroner S. D.

Certificate Delivered Aug 23 1882 for Coroner S. D.

Coroner. Norfolk & Dover E D

for S. A. Bell M.D.

Coroner S. D.

Medical Attendant.

Address, 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

*Permit No.* 42352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burnett Flatley

*~~Sex~~, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 54 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Mechanic Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland—

*Duration of Residence in the City of Baltimore,* 17 Years in Balto—

*Place of Death,* {Give street and number} 61 S. Arlington Ave

*Cause of Death,* First, (Primary,) Cutaneous Affection

Second, (Immediate,) Asphyxia

*Duration of last Sickness,* 9 Years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* August 23

*Undertaker,* Barnes, Cadogan

*Place of Business,* 29 Saratoga St

J. A. Branham M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

Permit No. 42353

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd Frostschbeek

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Foertschbeck

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* —— *Years,* 11 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number} No 19 Harrison st Canton

*Cause of Death,* First, (Primary,) Enteritis Chronic

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* about 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Johannes Cem.

*Date of Burial,* Aug 23rd '80

L C Winternitz M. D.
Medical Attendant.

*Undertaker,* H. Franke

*Place of Business,* 280 Canton Ave

*Address,* 12 S Edes st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[illegible]orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]eased, and the cause and date of death, except in cases of births and deaths [illegible] illegitimate children.

[illegible]LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimo

Permit No. 42357

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Patrick Tomlie

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* *Years,* 6 *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cookeie St Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 52 Cooksie st. E.P.

*Cause of Death* { First, (Primary,) Desolutus
, Second, (Immediate,) Ac Stuffed Cat rubbed

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem

*Date of Burial,* Aug. 24. 1880

*Undertaker,* M. A Dwyer

*Place of Business,* 74 S. Broadway

E W Janney M. D.
Medical Attendant.

*Address,* Boston & Potts st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL

*Permit No.* 42355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *a*... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ... *Years,* ... *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the ~~City of Baltimore~~,* her whole 10 days

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,) Spasm

*Duration of last Sickness,* When admitted

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Aug 24 1880

*Undertaker,* Jno Bramigan

*Place of Business,* 156 Division St.

Marburg Brown *M. D.*
Medical Attendant.

*Address,* 68 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

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# Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

*Permit No.* 42356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis Swearingen

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } ✓

*Occupation,* Clerk

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Alton Illinoise Madison Co

*Duration of Residence in the City of Baltimore,* Two Years

*Place of Death,* { Give street and number } 172 Franklin St.

*Cause of Death,* { First, (Primary,) Typhoid fever with general Paralysis

Second, (Immediate,)

*Duration of last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathdral Cemt

*Date of Burial,* Aug 24th 1880

*Undertaker,* Andrews & Hughes

*Place of Business,* 416 Dolphin ave

H Miller M. D.
Medical Attendant.

*Address,* 89 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimo

Permit No. 12357

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 1880 BALTIMORE

*Date of Death,* August 21st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Simpson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* Two *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 79 Booth St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balti. Cemetery

*Date of Burial,* Aug 22nd 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W. Fayette St *Address,* Cor Fayette & Schroeder Sts

H. C. Fox *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

*Permit No.* 42358 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 12 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 23d day 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Wolf

*Sex, Male or Female,* {Cross out the word not required in this line.} female

*Age,* 8 *Years,* 0 *Months,* 29 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 169 Sarah Ann St.

*Cause of Death,* First (Primary,) Dyspepsia.

Second (Immediate.) Coma,

*Duration of Last Sickness,* 20 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Aug 24th 1880

R. Weidman M. D.

Medical Attendant.

*Undertaker,* Peter Kummett

*Place of Business,* *Address* 120 Pearl St Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

*Permit No.* 42359 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 25 1880 BALTIMORE

*Date of Death,* August 24 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John T. Brown

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 15 *Years,* 11 *Months,* 21 *Days.*

*Color,* Colored *Sex,* male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Frederick Md

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number.} No Dover Street

*Cause of Death,* First (Primary,) Chronic Mesenteric disease

Second (Immediate,) Peritonitis.

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loud Cemetery

*Date of Burial,* Aug. 23rd 1880

Geo. G. Brewer M. D.
Medical Attendant.

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga St *Address* 258 W Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 22nd 1890.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Heath

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 42 N. Caroline St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 23rd 1890 Wm. Brooke Boyle M. D.

Medical Attendant.

*Undertaker,* Geo. H. Perkins & Bro

*Place of Business,* 130 Hanover St. *Address,* 166 E. Eager

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

[illegible] Health, City of Baltimore.

Permit No. 42361

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1880

*Date of Death,* August 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Nash

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* —— *Days.*

*Color,* Mulatto

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* {First (Primary,) Phenigitis

Second (Immediate,) about 2 Weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery.

*Date of Burial,* August 23rd 1880

T. J. Ward M. D.
Medical Attendant.

{*Undertaker,* J & J Jordan

*Place of Business,* 63 S Eutaw Ave.

*Address* 127 St Paul St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42362

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 22 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Collins

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 Yrs. *Years,* three *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 120 Scott near Ft

*Cause of Death* First, (Primary,) Whooping Cough

Second, (Immediate,) Bronchitis

*Duration of last Sickness,* About One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 24

*Undertaker,* Hercules Cross

*Place of Business,* 7 Conway St

Wm D Clarke M. D.
Medical Attendant.

*Address,* 16 S Howard Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 42363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 20 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 22nd 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kattie Homburg

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 11 *Months,* Weeks *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} XXX

*Occupation,* XXX

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. County

*Duration of Residence in the City of Baltimore,* 9 Weeks

*Place of Death.* {Give street and number} 27 Philadelphia Road

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate,) Eclampsia

*Duration of last Sickness,* 7 Weeks!

All the above information should be furnished by the Physician.

*Place of Burial,* First German Evangel

*Date of Burial,* 24th August.

*Undertaker,* Henry Beiz

*Place of Business,* 230 Alice Ann St

Simon Oppenheimer M. D.
Medical Attendant.

*Address,* 19 So Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42364 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 24 1888 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Aug 23

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Burns

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 Yrs.

*Place of Death,* {Give street and number.} 26 Abel alley

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 1 Yr.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* August 25th

*Undertaker,* B Wade

*Place of Business,* 411 Light St

A. P. Ellis *M.D.,*
Medical Attendant.

*Address,* 315 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL [illegible]

*Permit No.* 12365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J. Brand

*Sex,* ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* Col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } No 10 Howard St

*Cause of Death* { First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* 24 Aug 1880

*Undertaker,* Charles E White

*Place of Business,* 35 Granby Street

Wm. L. Russell M. D.
Medical Attendant.

*Address,* Broadway & Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 23

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Hucke

~~Male~~ or *Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* 5 *Months,* 29 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 142 Pierce St

*Cause of Death* First, (Primary,) Scarlatina

Second, (Immediate,) Epidemic

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudan Park Cemetery

*Date of Burial,* 24 August.

*Undertaker,* Peter Hummert.

*Place of Business,* 317 Mulberry St.

L Heberweck M. D.
Medical Attendant.

*Address,* 137 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23d. 85

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Bruener

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 10 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number} 72 Bank St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever

*Duration of last Sickness,* Nine days.

All the above information should be furnished by the Physician.

*Place of Burial,* Ivenity Cemetery

*Date of Burial,* 24 August 1883

Aug. F. Erich *M. D.*
Medical Attendant.

*Undertaker,* John C. Gluck

*Place of Business,* 165 Aisquith *Address.* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42368

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Aug 23 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aug 23 1883 80 Mary Lee

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* or ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give street and number.} 15 S Chestnut St

*Cause of Death,* First, (Primary.) old age

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* August 25 1883

Geo. B. Reynolds M.D.,
Medical Attendant.

*Undertaker,* Henry Hoch

*Place of Business,* 306 N. Central *Address,* 43 N Calvert

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Permit No.* 42369 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 22nd 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ophelia Hollis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 8 Months, Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balt. Md

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number.} No [illegible] 42 Forest St.

*Cause of Death,* First (Primary,) Inanition

Second (Immediate,)

*Duration of Last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 24

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Dodge

L. J. Micheau M. D.
Medical Attendant.

Address 20 Augusta St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 42370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* [illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* [illegible] about 40 *Years,* *Months,* *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} [illegible]

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.}

*Cause of Death,* {First (Primary,) Drowned. Second (Immediate,) Sudden death}

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* C. P. Cemetery

*Date of Burial,* August 23

{*Undertaker,* Patrick Mullin / *Place of Business,*}

Charles Nugent M.D.
Coroner
~~Medical Attendant.~~

*Address,* 62 S. Wolfe St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan Dever

*Sex, ~~Male or Female~~,* { cross out the word not required in this line. }

*Age,* Eighty *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow ~~or Widower~~,* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md.

*Duration of Residence in the City of Baltimore,* Thirty yrs

*Place of Death,* { Give street and number } Mount St. Court

*Cause of Death,* { First, (Primary,) ~~Paralysis~~ Second, (Immediate,) Old age

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Aug 25th 1880

*Undertaker,* A. M. Leonard Sr

*Place of Business,* 712 W. Balto

Dr. J. Lentzinger M. D.
for Dr. Jas. Dorsey
Medical Attendant.

*Address,* Hollins & Mount St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42372

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 23. 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Howell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 39. *Years,* 11. *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 18 Randall st

*Cause of Death,* First, (Primary.) Typho Malarial Fever } Continued

Second, (Immediate.) Pneumonia } Aug 7th

*Duration of Last Sickness,* 20 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* Augt 24. 1882

*Undertaker,* I. B. Blackistone Son

*Place of Business,* 606 Balt st

Thomas Otte M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 12373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 10'

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Brown

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 69 *Years,* 10 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and number} 45 S. Schroeder St

*Cause of Death,* First, (Primary,) Valvular Disease Heart

Second, (Immediate,)

*Duration of last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 24 1880

*Undertaker,* Jos L Bauk

*Place of Business,* 1870 W. Baltimore Street

J. J. Knight M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42374

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie E. Erdman —

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... 8 *Months,* ..... 29 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City —

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} cor Washington and Keyser sts —

*Cause of Death* { First, (Primary,) Gastro Enteritis, Diarrhoeal —
Second, (Immediate,) Cerebral congestion

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Aug. 24th, 1880

*{Undertaker,* Wm H. Dickman

*{Place of Business,* 234 S. Gay St.

Irving Miller — M. D.
Medical Attendant.

*Address,* 179 E. Monument St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 11375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, August 23. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Ellinger

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 47 Years, 11 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, Restaurant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Wurtemburg Germany

Duration of Residence in the City of Baltimore, About 26 years

Place of Death, {Give street and number} 116 ~~West~~ Franklin St

Cause of Death, First, (Primary.) Cancerous Cachexy

Second, (Immediate,) General Debility

Duration of last Sickness, About a months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, August 24th

Undertaker, F. N. Brill

Place of Business, 131 Hanover St

Wm M Keuch M. D.
Medical Attendant.

Address, 55 Aliceanna St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 23rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, 7 Days.

*Color,* Sex,

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} No 32 Barnet St

*Cause of Death,* First (Primary,) Croupous Diptheria

Second (Immediate,)

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery G. H. Bolton M. D.

*Date of Burial,* August 24, 1883 Medical Attendant.

{*Undertaker,* Henry Flock Address S E Cor Caroline & Gay Sts

{*Place of Business,* 309 Central ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 42377

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

*Date of Death,* August 24 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. [illegible]

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt Co

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give street and number.} 2 Clarkson St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cholera Infantum

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Balt Co

*Date of Burial,* Aug 25 Rd. [illegible] M.D.,

Medical Attendant.

*Undertaker,* R. N. Snell

*Place of Business,* 131 Hanover St *Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the [illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 1880 BALTIMORE

***Permit No.*** 42378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Augst 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Johnson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 74 S. Bethel St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Md

*Date of Burial,* Augst 24th 1880

*Undertaker,* or Charlotte Johnson

*Place of Business,* 74 S. Bethel

[illegible] M. D.

*Address,* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

OVER.

Board of Health, City of Baltimore

Permit No. 12379

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 2 15 Pm Monday Aug 23 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles McElfresh Weth

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* Years, 11 Months, 25 Days.

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Lemmon St City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 64 Rose St

*Cause of Death* { First, (Primary.) Dentation
Second, (Immediate,) Marasmus

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmell Cemetery

*Date of Burial,* August 24th 1886

*Undertaker,* H M Gutmeyer

*Place of Business,* 344 Eastern Ave

J E Pochard M. D.
Medical Attendant.

*Address,* 28 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42380

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Harris.

*Sex,* ~~Male or~~ Female, {cross out the word not required in this line.}

*Age,* 89 Years, 10 Months, —— Days.

*Color,* White.

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give street and number} 53 Lee St

*Cause of Death* { First, (Primary.) Second, (Immediate,) } Cancer of Uterus. (Schirrus.)

*Duration of last Sickness,* 11 months. Since first observed.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Aug 26th 1880

*Undertaker,* John L Thacher

*Place of Business,* No 150 Camden St

R. J. N. Tall, M. D.
Medical Attendant.

*Address,* 152 S. Sharp St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

*Permit No.* 42381

OFFICE OF REGISTRAR OF VITAL STATISTI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 22 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 22 1883

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno Nichnen. (Hetthen)

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Butcher

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* { Give street and number. } E. Monument St

*Cause of Death,* { First (Primary,) / Second (Immediate,) } Injuries from being thrown out of hi waggon-

*Duration of Last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem^y Alex Finley *M. D.*

*Date of Burial,* August 24.

~~Medical Attendant.~~

*Undertaker,* John McCaig Coroner

*Place of Business,* 382 Orleans St. *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 42382

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Aug 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Robinson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* Four *Months,* ——— *Days.*

*Color,* Colored

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 129 Scotland St.

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Exfanation

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* August 24th 1880

*Undertaker,* Hemsley & Madden

*Place of Business,* #116 Orchard St

DeLancy H Barclay M.D.,
Medical Attendant.

*Address,* 47 Conway St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42383

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Aug. 23, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Manuel Instey

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, One Years, 10 Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 23 Shirley St

Cause of Death, First, (Primary,) "Tubercular Meningitis"

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, August 24th 1880

Undertaker, William M. Dunges

Place of Business, No 62 East St

J. W. Chambers M. D.
Medical Attendant.

Address, 222 N Broadway
Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 42384

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 23 '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Howard

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* Color D

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 229 Chestnut St near Eleventh St.

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions

*Duration of last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* W. Balto Cemetery

*Date of Burial,* Aug 24th 1880 F. B. Gardner M. D. Medical Attendant.

*Undertaker,* F. A. Kerchner per J. Miller

*Place of Business,* S. Carrollton Av *Address,* 120 N Greene St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

**Permit No.** 12385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Mode R.W. Jeffs (Private)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} male

*Age,* 18 hours ~~Years,~~ ~~Months,~~ ~~Days.~~

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 49 North Wolfe st

*Duration of Residence in the City of Baltimore,* 18 hours.

*Place of Death,* {Give street and number.} No 49 N Wolfe st

*Cause of Death,* First (Primary,) Premature Birth

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 18 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,*

*Undertaker,* Frey & Bro

*Place of Business,* Cor Broadway & Fayette St

T. E. Kirby M. D.
Medical Attendant.

*Address* 24 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 2 1883 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Aug 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Tidings

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 59 Years, Months, Days.

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Carroll Co Md.

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and number} 107 Vine St.

Cause of Death { First, (Primary,) ascites
Second, (Immediate,)

Duration of last Sickness, 4 or 5 mo.

All the above information should be furnished by the Physician.

Place of Burial, Daniel Tennelly

Date of Burial, Aug 24 1880

{ Undertaker, Samuel Owens
{ Place of Business, 108 Edward

G. C. Kelly M. D.
Medical Attendant.

Address, 41 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

*Permit No.* 12387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Betz

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 4 6 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and number.} 3 N Eden St

*Cause of Death,* {First (Primary,) 3 Heart Disease

{Second (Immediate,)

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* First German Reform

*Date of Burial,* August 25 the 1883.

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St.

*Certified,* Chas M. Morfit M.D.

Coroner E. C. Medical Attendant

*Address,* 69 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 42388

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

*Date of Death,* August 23th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carlos Emanuel Mead

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 17 *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} NW corner Bank & Patterson Ave

*Cause of Death,* First, (Primary.) Enteritis and Colitis.

Second, (Immediate.) Suppurative Enteritis.

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* August 24

*Undertaker,* Jno P Moore

*Place of Business,* 6 Hanover

Mary Salzer M.D.,
Medical Attendant.

*Address,* 163 W Lombard

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

*Permit No.* 42389

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 23d 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Jean Locker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Nine years

*Place of Death,* {Give street and number.} 109 E Lombard St

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) Coma

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 26 1883

W. H. Dippendorffer Jr. M. D.
J. R. Hood
Medical Attendant.

*Undertaker,* James D Byrne

*Place of Business,* No 63 N Front St *Address* 75 E Balt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd. 9 P.M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Dingle

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 5 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} XXX

*Occupation,* XXX

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} Madeira Alley below Gough

*Cause of Death* First, (Primary,) Remains Membranous Laryngitis

Second, (Immediate,) Chronic Croup

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* August 25th

*Undertaker,* H Fockler

*Place of Business,* 244 Eastern Ave

Chas E. Donnelly M. D.
Medical Attendant.

*Address,* 299 E Baltimore St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11391

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 24th August 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Schaab

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 58 *Years,* 11 *Months,* *Days.*

*Color,* white

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and number} 186 Bank Str.

*Cause of Death* { First, (Primary.) Hepatitis suppurativa.
Second, (Immediate,)

*Duration of last Sickness,* Three months.

All the above information should be furnished by the Physician.

*Place of Burial,* 5th St Paul Cem'y

*Date of Burial,* August 26th

*Undertaker,* H. Frechtich

*Place of Business,* 244 Eastern Av.

Robt. J. Thos. M. D.
Medical Attendant.

*Address,* 121 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 25. 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christine Wolf

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 70 *Years,* 11 *Months,* 17 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Sinkenheim, Baden, Germany

*Duration of Residence in the City of Baltimore,* 26 Years

*Place of Death,* {Give street and number} 11 E. So. & Eutaw St.

*Cause of Death* {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) "

*Duration of last Sickness,* about 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* German Lutheran Friedhill

*Date of Burial,* August 25th 1880.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ N. Baltimore Str.

Attending Physician, Dr. Beer M. D.

Medical Attendant.

Coroner's Office

*Address,* 161 E. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* ..... Aug 24th 1883

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } ..... Walter B. Finch

*Sex, Male or Female,* { cross out the word not required in this line. } ..... Male

*Age,* ..... *Years,* 15 *Months,* ..... *Days.*

*Color,* ..... White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } ..... Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } ..... 57 Bevan st

*Cause of Death* { First, (Primary,) ..... Insanition

Second, (Immediate,) .....

*Duration of last Sickness,* ..... 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 25th 1883

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St

W. B. Billingslea M. D.
Medical Attendant.

*Address,* 256 John st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATISTI

Permit No. 42394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE

# CERTIFICATE OF DEATH.

Date of Death, Tuesday Aug 24th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Masak

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, ..... Years, ..... Months, 10 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, (and how long in the United States. If of foreign birth.} 32 Cannon St

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 32 Cannon St

Cause of Death { First, (Primary,) Umbilicle Hemorage
Second, (Immediate,) do do

Duration of last Sickness, 11 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Aug 26—1883.

{ Undertaker, M. France.
{ Place of Business, 280 Canton Ave

J E Pinchard M. D.
Medical Attendant.

Address, 28 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 24 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Snyder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Back city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} The Natatorium

*Cause of Death,* First (Primary,) Drowning

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 26th 1880

*Undertaker,* Henry Meyer

*Place of Business,* 106 N. Howard St

Alexander Seeley M. D.
Medical Attendant.

Coroner

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Fritzges

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ~~Years,~~ 9 *Months,* ~~Days.~~

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

~~*Occupation,*~~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } No 113 Regester St

*Cause of Death,* { First, (Primary,) Cholera Infantum

Second, (Immediate,) — 24 hours —

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Alphausus Lern

*Date of Burial,* August 27

*Undertaker,* H Doppel

*Place of Business,* 171 E Bond

Thomas G. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 24 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John Hinds

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 30 *Years,* 6 *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Fireman (R.R.) N. C Rail.

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } 3 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 14. Hudson Alley

*Cause of Death,* { First (Primary,) Injuries received by Engine

Second (Immediate,) running over his leg—

*Duration of Last Sickness,* 4 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* August 26th, 1880.

Alexander Tenley *M. D.*
*Medical Attendant.*
Coroner

{ *Undertaker,* Wm. H. Hickman
{ *Place of Business,* 234 N. Gay St. *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT AUG 25 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Theresa Gippenich

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* 2 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 1 Burke Ave

*Cause of Death* First, (Primary,) Dysentery

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Aug 26th 83

[illegible] M. D.
Medical Attendant.

*Undertaker,* M. Franco

*Place of Business,* 280 Chandler *Address,* 137 W Fayette St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42399 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Sick

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* 4 *Months,* 19 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give street and number.} 538 Gay St

*Cause of Death,* First, (Primary.) Rheumatism Acute

Second, (Immediate.) Seven months advanced in Pregnancy Complicated

*Duration of Last Sickness,* Seven weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 27th

*Undertaker,* Geo Schilling

*Place of Business,*

J. M. White, M.D.,
Medical Attendant.

*Address,* 847 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. F. Kirwin

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 4 1/2 Hours ~~Days.~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} N. W. Hollins St.

*Cause of Death* {First, (Primary,) Premature birth

{Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 25

*Undertaker,* J B Cook

*Place of Business,* 707 W St Balto *Address,* 387 W Lombard St

H. J. Speer M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTEAR OF VITAL STATISTICS.

*Permit No.* 42401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L E Callaman

~~Sex,~~ *Male or* ~~*Female*~~, {cross out the word not required in this line.}

*Age,* 19 *Years,* 1 *Months,* 21 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Horse

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Queen Anne's Co Md

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give street and number} 104 Conway St

*Cause of Death* { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) Extenuation - Fistula &c -

*Duration of last Sickness,* About Six Years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Aug 25th 1880

Chas A Donnell M. D.
Medical Attendant.

*Undertaker,* C. F. Krauze

*Place of Business,* *Address,*

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 112402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew D. Hepburn

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* colt

*Married, ~~Single,~~ ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Seneca.

*Duration of Residence in the City of Baltimore,* about 3 years

*Place of Death,* {Give street and number} 310 Madison ave

*Cause of Death* {First, (Primary.) Paralysis

{Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Aug 27, 1880

*Undertaker,* Thos S Hughes

*Place of Business,* 60 Eutaw St. *Address,* 129 N. Bridle

G Lane Tanyhill M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42403 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 25 1893 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 23d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bond

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Cook

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 43 Lewis St

*Cause of Death,* First, (Primary.) Bright Disease

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 25th 1893

*Undertaker,* Thos J. Lucas

*Place of Business,* 73 Jefferson St

Wm Whitridge M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42404

HEALTH DEPARTMENT AUG 25 1883 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 23rd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sally Camomile

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 76 *Years,* 0 *Months,* 0 *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Cook

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Eastern Shore of Maryland

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* { Give street and number } 210 bd Shields Alley Sowlow & Mosher St

*Cause of Death* { First, (Primary,) Unknown

{ Second, (Immediate,) Weakness from old age

*Duration of last Sickness,* Four Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemetery,

*Date of Burial,* Aug 23 80

*Undertaker,* Fred A Reckner

*Place of Business,* 50 S. Carrollton Ave

B F Bohner M. D.
Medical Attendant.

*Address,* Cor Druid Hill & Dolphin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 2 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 23 1883.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Howard

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 60. *Years,* *Months,* *Days.*

*Color,* Black

*~~Married, Single,~~ Widow or ~~Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Washing

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 31 yrs.

*Place of Death,* {Give street and number} 6 Bruce St.

*Cause of Death,* First, (Primary,) Gangrene

Second, (Immediate,)

*Duration of last Sickness,* 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Cemetery

*Date of Burial,* Aug 24 1883

*Undertaker,* S. Welch

*Place of Business,* 98 Howard St.

L. R. Wilson M. D.
Medical Attendant.

*Address,* 584 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42406

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1893 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 26 1893

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Seton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* ~~Three~~ 4 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Woodbury Balt Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 9 ~~Bruce~~ Baker St

*Cause of Death,* First (Primary,) Enteritis

Second (Immediate,) Convulsions

*Duration of Last Sickness,* About three days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Aug 26th 1893

*Undertaker,* Jos. H. Cook

*Place of Business,* No 707 N Baltimore Street

A. A. Pabst M. D.
Medical Attendant.

*Address* No 1 N Bowdoin ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1893 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* August 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia M Schulte

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 Years

*Place of Death,* {Give street and number} 4 Paca St (South

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate,) Hemorrhage Intestinal

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 26th

*Undertaker,* F. X. Ball

*Place of Business,* 191 Lexington St *Address,*

T J Knight M. D.
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida V Riley

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 0 *Years,* 8 *Months,* 0 *Days.*

*Color,* Light brown

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* {Give street and number} No 9 Brown st

*Cause of Death* First, (Primary,) Unknown

Second, (Immediate,) Convulsions

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Leeds st Cemetery

*Date of Burial,* Aug 25 1880

B F Bohrer *M. D.*
Medical Attendant.

*Undertaker,* William Lingee

*Place of Business,* No 62 East st *Address,* Cor Ross & Dolphin st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42409 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* August 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelvina Boon

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 11 *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 62 Philpot St.

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Uraemic poisons. Nephritis.

*Duration of Last Sickness,* Eight days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel cemetery

*Date of Burial,* August 26th 1880 Jno. S. Lynch *M.D.,*

Medical Attendant.

{*Undertaker,* Denny & Mitchell

{*Place of Business,* 65 S. Broadway *Address,* 14 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James L. Reilly

*Sex, Male ~~or Female~~,* { Cross out the words not required in this line. }

*Age,* 2 *Years,* 5 *Months,* 11 *Days*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Stone Mason

*Birthplace,* { State or country (and how long in United States, if of foreign birth.) } Baltimore City.

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* { Give street and number. } Frederick Avenue

*Cause of Death,* { First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* Seven Months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem.

*Date of Burial,* Aug 27 1880

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St.

Jno. L. Reed M.D.
" " "
Medical Attendant.

*Address,* City.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Ross Linder

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Type Finisher - Boat City - Life

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Hospital ~~7 & 50~~. Physicians & Surgeons

*Cause of Death,* First (Primary,) Injuries - from falling from 3d Story

Second (Immediate,) Septicaemia

*Duration of Last Sickness,* 26 Days

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,*

Alexander Tuley M. D.
~~Medical Attendant.~~
Coroner

*Undertaker,*

*Place of Business,* *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

See following Certificate

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4424 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R Little

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 3 4 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Type Finisher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 34 years.

*Place of Death,* {Give street and number} City Hospital

*Cause of Death* { First, (Primary,) Fracture of Thigh
, { Second, (Immediate,) Septicemia

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* Aug 26th 1880

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Frank B. Dudley M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 14214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Norton

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* Years, 6 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and number } 5 Lancers alley

*Cause of Death* { First, (Primary,) Cholera infantum
Second, (Immediate,) Cachexia

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Aug 26/80

F E Chatard M. D.
Medical Attendant.

*Undertaker,* Stewart & Marean

*Place of Business,* 315 Park Ave *Address,* 114 Park.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42413 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG. 26 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Reese

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 12 *Years,* 6. *Months,* 26 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Back City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 226 E. Lee & street

*Cause of Death,* First, (Primary.) Scarlatina maligna

Second, (Immediate.) Pyrexia

*Duration of Last Sickness,* Five (5) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* August 26 1880

*Undertaker,* Henry Davis

*Place of Business,* 809 N Central Ave, Address, E Eager corner Ann St

Dr Shaw M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Mitchell

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Sixty two *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Superintendent Gas Office

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 285 N Broadway

*Cause of Death* { First, (Primary,) Typho-Malarial Fever
Second, (Immediate,) Cardiac Failure

*Duration of last Sickness,* Over two Months

All the above information should be furnished by the Physician.

Edial C Price M.D.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Aug 26th 1880

Mc Brewer M. D.
Medical Attendant.

{ *Undertaker,* Wm H Hickman
{ *Place of Business,* 231 N Gay St. *Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 12415

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Aug 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M^c Ginn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Hack driver

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 19 years

*Place of Death,* {Give street and number.} No 15 Preighton St

*Cause of Death,* First, (Primary.) Chronic Alcoholism

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Eight weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy cross cemetery

*Date of Burial,* August 26 1880

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St *Address,*

Wm Whitridge *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or account requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Burke

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 46 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number.} St. Vincents Hospital

*Cause of Death,* First (Primary,) Phthisis Pul.

Second (Immediate,) —

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician

*Place of Burial,* Bonnie Brae cemetery

*Date of Burial,* August 26 1880

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St

J. H. Briler M. D.
Medical Attendant.

*Address* 144 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH AUG 26 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 25

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dora Cohen

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 11 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 24 Druid Hill Ave

*Cause of Death,* First, (Primary.) Hooping Cough

Second, (Immediate,) Bronchitis

*Duration of last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Lebanon Cemetery Belair Road

*Date of Burial,* Augt 26th

*Undertaker,* Meyer Hilkow

*Place of Business,*

L. J. Bright M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4424/18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 11.30 P.M. August 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine E. Wiederhold

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 2 *Months,* 11 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give street and number.} 100 N. Ann St.

*Cause of Death,* {First (Primary,) Typhoid Fevers

{Second (Immediate,) (Peritonitis)

*Duration of Last Sickness,* 23 days

All the above information should be furnished by the Physician

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* August 26

*{Undertaker,* John Herwig

*{Place of Business,* 382 Orleans St.

Charles H. Thomas M. D.
Medical Attendant.

*Address* 85 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 28 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 25. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Course

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 2 *Months,* ____ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 181 N. Chapel St

*Cause of Death,* First, (Primary,) ____ Second, (Immediate,) Convulsions

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenschlager

*Date of Burial,* August 25

*Undertaker,* Hawkins & Waddell

*Place of Business,* Hanchard

*Address,* 137 Eutaw St.

E. D. Smith M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42420

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 25 August 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Conelly

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 209 Hanover St

*Cause of Death* { First, (Primary,) Peritonitis
, { Second, (Immediate,)

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick cem

*Date of Burial,* Aug 26

{ *Undertaker,* Henry Sander
{ *Place of Business,* 122 Caroline

E D Williams *M. D.*
Medical Attendant.

*Address,* 17 Patterson Pl.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* about Aug 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* Full Term Yrs, ~~Years,~~ ~~Months,~~ ~~Days.~~

*Color,* Black

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Home On Cor Monument & North Sts

*Cause of Death,* First (Primary,) Unknown

Second (Immediate,)

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,*

*Undertaker,* P Moullin

*Place of Business,*

Alex Tinsley M.D.
Medical Attendant

Coroner

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 42422

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel S. Jackson

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* Twenty Seven *Years,* —— *Months,* —— *Days.*

*Color,* Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} St. Josephs Hospital Cor Caroline & Hoffman Sts

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemorrhage

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Ave. Cem.

*Date of Burial,* August 26 1880

*Undertaker,* Pat Mullen

*Place of Business,* 309 N. Central Ave

John A. Benson M.D.,
Medical Attendant.
Asst Surgn M. H. S.

*Address,* Custom House, Balto Md

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26 Th, 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Mihelmina Filler

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 4 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City. Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* { Give street and number } # 262 Eastern avenue

*Cause of Death,* { First, (Primary,) Diptheria

{ Second, (Immediate,) .....

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 27 Th 1880

John H. Rehberg M. D.
Medical Attendant.

*Undertaker,* Caspar Eckhardt

*Place of Business,* 264 Canton Ave *Address,* # 243 Alice Anne St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THOS. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42424 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 26/83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Paranophsi

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 252 E. Bond St.

*Cause of Death,* First, (Primary.) Cyanosis

Second, (Immediate.)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* August. 26 83

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond st. 151

R. W. Marshid M.D.,
Medical Attendant.

*Address,* 117 E. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 42425

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 26 1883 BALTIMORE

*Date of Death,* Aug. 26th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Glenn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower?* {Cross out the word not required in this line.} Married

*Occupation,* Shoe Maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Berlin, Pa.

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give street and number.} N. E. Cor. Lancaster and Bethel

*Cause of Death,* First, (Primary.) Congestive Chill

Second, (Immediate.) Coma

*Duration of Last Sickness,* Two Weeks # Found This Patient in a

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem.

*Date of Burial,* Augt. 27th

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond st. 15 *Address,* 77 S. Broadway

G. L. Wilson M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 25th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richardson B. Goodwin

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* Sixty two *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* Drayman

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md.

*Duration of Residence in the City of Baltimore,* Forty-eight yrs

*Place of Death,* { Give street and number } No 4 Hanover St. South of Ramsay

*Cause of Death,* First, (Primary,) ("Paralysis" for 27 yrs

Second, (Immediate,) 2 days

*Duration of last Sickness,* This information is obtained from this son I have not seen the aforesaid R.B. Goodwin

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St. M. E. Church

*Date of Burial,* Dec 26 1880

*Undertaker,* William N. Longe

*Place of Business,* No 62 East St

J. G. Luthcum M. D.
Medical Attendant.

*Address,* 154 W. Fayette St.

AUG 27 1883 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 26th 1883.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia S. Cannon

*~~Sex, Male or~~ Female,* {cross out the word not required in this line.}

*Age,* Thirty *Years,* four *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 24 Vincent alley

*Cause of Death,* First, (Primary,) Typhoid Malarial Fever.

Second, (Immediate,)

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 27th 1883

*Undertaker,* Jos. B. Cook

*Place of Business,* No 707 W. Baltimore Street

for Dr. Jas. Bosley,

Medical Attendant. M. D.

*Address,* 584 W. Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [0741.]

Permit No. 42428

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Krüger

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, Two (2) Months, Twenty six (26) Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} No. 1 Barnum St

*Cause of Death,* First, (Primary.) Gastro Enteritis Dual (Acute)

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* Three (3) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 27, 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 509 Central ave

Fre Klein M.D., Medical Attendant.

Address, 801 Eager and Low Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucia Jane Melburn

*Sex, Male or Female,* {cross out the word not required in this line.} "

*Age,* 10 *Years,* " *Months,* " *Days.*

*Color,* White "

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} "

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} St Mary's Co Md

*Duration of Residence in the City of Baltimore,* 8 years 6 mos

*Place of Death,* {Give street and number} St Pauls infirmary

*Cause of Death* { First, (Primary,) Malarial Fever
Second, (Immediate,) Three weeks

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Marys Co.

*Date of Burial,* 29th August 1880

J. H. Patterson *M. D.*
Medical Attendant.

*Undertaker,* Henry W. Jenkins & Son

*Place of Business,* 16 Light St. *Address,* 16 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1886 Transcript

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 25th. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Dorsey

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 87 *Years,* 6 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Chestertown, Maryland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} 69 Dover Alley

*Cause of Death* {First, (Primary,) old age.
Second, (Immediate,)

*Duration of last Sickness,* Confined for years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* Aug 27 1880

*Undertaker,* H. H. Chase

*Place of Business,* 198 Howard St

Emil Loeffler M. D.
Medical Attendant.

*Address,* 1[illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate childreu.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 25th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Gibson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 10 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 50 Vine St

*Cause of Death,* First, (Primary.) Enteritis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cimentary

*Date of Burial,* 27 of Aug 1883

*Undertaker,* Charles A White

*Place of Business,* 35 Granby street

R. B. Morrow M. D.
Medical Attendant.

*Address,* Balto. Jeal. Differs

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 26 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Rosa Rea

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 263 W. Hoffman Street

*Cause of Death* First, (Primary,) Pertussis

Second, (Immediate,) Spasm

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Aug 27th 1883 Harvey Brown *M. D.* Medical Attendant.

*Undertaker,* Chas. J. Semmes

*Place of Business,* 271 W Eutaw *Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 424433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Horace Joseph Beckwith

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 6 *Years,* 5 *Months,* 6 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } U S A

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } No 104 Granby St

*Cause of Death,* { First, (Primary.) Second, (Immediate,) } Scarletina Maligna

*Duration of last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* S. S. Vincents Cem.

*Date of Burial,* 28th August 1880

J. Ridgway Andre M. D.
Medical Attendant.

{ *Undertaker,* Jas C Byrne
{ *Place of Business,* 68 Grant *Address,* 121 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42437

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 25 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Smith

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 45 *Days.*

*Color,* Mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate) Paralysis

*Duration of Last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peter's Cemetery

*Date of Burial,* Aug 27 "1880

*Undertaker,* Patrick Mullin

*Place of Business,* P. Pk. avenue

T. J. Nicol M.D.,
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**Permit No.** 42435

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* August 26 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Beverly Mitchell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} male

*Age,* [illegible] *Years,* [illegible] *Months,* 2 4 *Days.*

*Color,* Dark

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} 130 Aiken alley

*Duration of Residence in the City of Baltimore,* 2 4 days

*Place of Death,* {Give street and number.} 130 Aiken alley

*Cause of Death,* First (Primary,) Convulsions due abcess

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* August 27th 1880.

*Undertaker,* Samuel Chase.

*Place of Business,* Howard & Hill st.

Chas F Miller M. D.
Medical Attendant.

*Address* 186 W Fayette st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 27 August

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Casia Ebenbach

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 5 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Mo

*Place of Death,* {Give street and number} 27 Baltimore St.

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Cemetery

*Date of Burial,* Aug 28th

*Undertaker,* Rau & Bartell

*Place of Business,* 62 1/2 W. Baltimore St

H. H. Kimball M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42437

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rosendale

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Shipping Clerk.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 39 N. Frederick St.

*Cause of Death* {First, (Primary,)

{Second, (Immediate,) Tetanus

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Aug 28th '80

{*Undertaker,* J.M. Franos

{*Place of Business,* 20 Conta

Francis T. Lewis M. D.
Medical Attendant.

*Address,* 125 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42438 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Eberhard Muhley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~———~~ *Years,* ~~———~~ *Months,* Six *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} ~~———~~

*~~Occupation~~,* ~~———~~, ~~———~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 95 Ridgely St,

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) Coma

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Emanuel Cem

*Date of Burial,* Aug 28th 1880

*Undertaker,* Selius Koehler

*Place of Business,* Sharpe Bros *Address,* 47 Cumay St

D. H. Barclay *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael McNamara

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 63 Lemmon St

*Cause of Death* { First, (Primary.) Meningitis
Second, (Immediate.) about 6 days

*Duration of last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Aug 28th 1880

{ *Undertaker,* Jos B Cook
*Place of Business,* No 707 N Baltimore street

Dr R McShane M. D.
Medical Attendant.

*Address,* 582 W Lemmon St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

*Permit No.* 42.440

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Virginia Barnett

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 30 *Years,* *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* One Year

*Place of Death,* {Give street and number} 606 W Lombard Street

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) —

*Duration of last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial,* Aug 29th 1880

*Undertaker,* Jos. B Cook

*Place of Business,* No 707 W Baltimore Street

P. S. Fiedler M. D.
Medical Attendant.

*Address,* No 10 N Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42441 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 24 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 22nd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas H. Gore

*Sex, Male ~~or Female,~~* { cross out the word not required in this line. }

*Age,* 49 *Years,* ~~ *Months,* ~~ *Days.*

*Color,* white

*~~Married,~~ Single, ~~Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Talbot Co. Md

*Duration of Residence in the City of Baltimore,* 12 months

*Place of Death,* { Give street and number } 161 Penna ave

*Cause of Death,* { First, (Primary,) Pulmonary Consumption. Second, (Immediate,)

*Duration of last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Talbot Co. Md

*Date of Burial,* Augt 26th 1880

*Undertaker,* C. H. Blizzard

*Place of Business,* Penna ave

H. Welch M. D.
Medical Attendant.

*Address,* 121 Wilkens ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Granell 1876

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gilpatrie

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 35 *Years,* 11 *Months,* 20 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} McElderry 57

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 29th 1880

*Undertaker,* Geo Schilling

*Place of Business,* 65 Holland Lyman

E C Baldwin M. D.
Medical Attendant.

*Address,* 124 n Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42443

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 28 1883 BALTIMORE

*Date of Death,* Aug 26

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eden Green

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Blacksmith

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} 174 Stafford Ave

*Cause of Death,* First, (Primary.) Rheumatism

Second, (Immediate.) Valvular disease of heart.

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea cemetery

*Date of Burial,* August 29th 1880

*Undertaker,* James D. Byrne

*Place of Business,* No 63 N Front St

Wm Whitridge M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augst 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Butler

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— ~~*Months,*~~ 2 hours ~~*Days.*~~

*Color,* white *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balti City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 11. Randall St

*Cause of Death,* First (Primary,)

Second (Immediate,) Convulsions

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemty

*Date of Burial,* Augst 28th 1880

*Undertaker,* Jas P. Byrne

*Place of Business,* Front St

James H Keenan M. D.

~~*Medical Attendant.*~~

*Address* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Exam by John E. Dunning

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42445

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 21st 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Yeager

*~~Sex, Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 62 *Years,* 2 *Months,* 17 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 37 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 20 S. Paca st.

*Cause of Death* First, (Primary,) Apoplexy Hemorrhagic

Second, (Immediate,)

*Duration of last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cemetery

*Date of Burial,* August 24.

*Undertaker,* B Hull

*Place of Business,* 411 Light St

C. L. Bodenhorn M. D.
Medical Attendant.

*Address,* 166 S. Paca st.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 42446

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Barlage

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* or ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Long

*Place of Death,* {Give street and number.} S. W. Hospital

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* About 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Bonie Brea

*Date of Burial,* Aug. 28

*Undertaker,* Schutt Bros.

*Place of Business,* Monument St

Oscar J. Culley M.D.,
Medical Attendant.

*Address,* 188 N. Calvert St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

## CERTIFICATE OF DEATH.

| | |
|---|---|
| *Date of Death,* | Aug 26th 1880 |
| *Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} | Eliz Wallace |
| *Sex, Male or Female,* {cross out the word not required in this line.} | Female |
| *Age,* | One Year, 5 Months, 0 Days. |
| *Color,* | Dark brown |
| *Married, Single, Widow or Widower,* {Cross out the word not required in this line.} | Single |
| *Occupation,* | None |
| *Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} | Baltimore |
| *Duration of Residence in the City of Baltimore,* | One year & 5 months |
| *Place of Death,* {Give street and number} | No 5 Parish Alley |
| *Cause of Death* First, (Primary,) | Unknown |
| Second, (Immediate,) | Schropula |
| *Duration of last Sickness,* | One Month |

All the above information should be furnished by the Physician.

| | |
|---|---|
| *Place of Burial,* | Laurel Cemy |
| *Date of Burial,* | 28 Augt 28 |
| *Undertaker,* | W J Chalon |
| *Place of Business,* | 341 Pa Ave |

B F Bohrer M. D.
Medical Attendant.

Address, Cor Dolphin & Ray

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42448 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 27. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Creamer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* white,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 4 Bohemia Ct.

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* H. Mt. Pleasant Cem

*Date of Burial,* August 28th 1880 H. C. Cook, M.D.,

Medical Attendant.

*Undertaker,* A. Köhler

*Place of Business,* 244 E. Lombard St. *Address,* Balt. & Wash. Co.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 42449

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 28th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annetta Johnson

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* ——— *Months,* ——— *Days.*

*Color,* colored *Sex,* ———

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 136. Ramsay st

*Cause of Death,* {First (Primary,) Disease of Spine

Second (Immediate,) Marasmus.

*Duration of Last Sickness,* all her life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Augt 28th 1883

{*Undertaker,* W. M. Duncan

*Place of Business,* East St.

James H. Lewis M. D.

~~Medical Attendant~~

*Address* Comm. of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by Dr. F. Fitzpatrick

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42450

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 28 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 27 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John R. Champagne

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* 2 Mo. *Months,* ——— *Days.*

*Color,* White *Sex,* ———

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Coachmaker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Md.

*Duration of Residence in the City of Baltimore,* ten years

*Place of Death,* {Give street and number.} 9 Myrtle Av

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) ———

*Duration of Last Sickness,* ten years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park.

*Date of Burial,* Aug 29-1883

*Undertaker,* Adam. Wiedmayer

*Place of Business,* 518½ W. Balto St

John C Harris M. D.
Medical Attendant.

*Address* No 360 Lexington St.
Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 12457 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 27 1883 BALTIMORE

*Date of Death,* 27th August 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mufnagle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Engineer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 23 Henrietta

*Cause of Death,* First, (Primary.) Rheumatism and Gout

Second, (Immediate.)

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 29th 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* 265 Light St

H. W. Webster M.D.,
Medical Attendant.

*Address,* 57 Burns

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* 29 Augt ~~George Coleman~~ 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Coleman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoe Filler

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and number.} 12 Walnut Alley

*Cause of Death,* First (Primary,) Heart Disease

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Ct. Alleghenies

*Date of Burial,* August 31 / 80

*Undertaker,* Clemens Heinichel

*Place of Business,* 48 Pendleton

Alexander Tinsley M. D.
Medical Attendant.

Address Corner

TESTIMENT AUG 1883 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cunningham

*Sex, Male* ~~or Female~~, {Cross out the words not required in this line.}

*Age,* 10 *Years,* 1 *Months,* 6 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} Hoopers Wharf foot of Wolfe St

*Cause of Death,* First (Primary,) Drowned

Second (Immediate,)

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Aug 30 1883

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

Chas. Wm. Worfit M.D.

Medical Attendant.

Coroner E.D.

*Address,* 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 424574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 23 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 27th August, 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luther Skaggs,

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 84 *Years,* *Months,* *Days.*

*Color,* Color

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Frederick Co, Md.

*Duration of Residence in the City of Baltimore,* Two Months

*Place of Death,* {Give street and number} 284 W. Biddle St.

*Cause of Death,* First, (Primary.) Ulcer of Leg

Second, (Immediate.) General Exhaustion

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 28 1880

*Undertaker,* John S. Jones

*Place of Business,* 1263 Park Av

N. W. Little M. D.
Medical Attendant.

*Address,* 425 W. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4121[illegible]5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2[illegible] 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 - 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katharine Young

~~*Sex, Male or*~~ *Female,* { cross out the word not required in this line. }

*Age,* ~~Years,~~ 16 *Months,* ~~Days.~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* ~~—~~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Italy

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 5 N Carlton St

*Cause of Death,* { First, (Primary,) Bronchitis capillaris / Second, (Immediate,) Eclampsia

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* 29th

*Undertaker,* H. Schultheis

*Place of Business,* E. Monument St No 261

J. Guthrie M. D.
Medical Attendant.

*Address,* 945 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42456

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2[illegible] 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Geller

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* 3 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 8 Walker St

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,) Oedema of Lungs & Dropsy

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Lavinia Cem

*Date of Burial,* Aug 29 /80

L Brandt Friedel M. D.
Medical Attendant.

*Undertaker,* John Henry

*Place of Business,* 386 Bel St

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42457

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Landers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland (6 yrs in U. S.

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give street and number.} St. Josephs Hospital

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* About 5 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Ch

*Date of Burial,* August 28 1880

Oscar J. Costery *M.D.,* Medical Attendant.

*Undertaker,* Henry S Cook

*Place of Business,* 369 N. Central Av *Address,* 188 N. Albert St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 27- 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Parents Frank & M. May Hockeder.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* ~~~~ *Months,* 3. Hours. ~~Days.~~

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~~~ ~~~~ ~~~~

*Occupation,* ~~~~ ~~~~ ~~~~ ~~~~ ~~~~ ~~~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 107 Leadenhall St

*Cause of Death,* First (Primary,) ~~~~

Second (Immediate,) Weakness.

*Duration of Last Sickness,* Since Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Aug 1880. Heath Cumm, M. D.

*Undertaker,* ~~Address~~ & Registrar

*Place of Business,* Light St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

C & G. Dan, E. Sunday

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 28 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Pinkney,

*Sex, Male or Female,* {Cross out the word not required in this line.} Female,

*Age,* 86 *Years,* 3 *Months,* 23 *Days.*

*Color,* Mulatto, *Sex,* F.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Norwood Co.,

*Duration of Residence in the City of Baltimore,* 66 years,

*Place of Death,* {Give street and number.} 10 Rice st

*Cause of Death,* First (Primary,) Asthma

Second (Immediate,)

*Duration of Last Sickness,* Failing for 2 or 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* aug 27 1880

*Undertaker,* Jno R Bishop Jr

*Place of Business,* 77 Druid Hill ave

J. L. Ingle M. D.
Medical Attendant.

*Address* 247 Lanvale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the ...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver C. Piper

*Sex, Male or Female,* {cross out the word not required in this line.} Male.

*Age,* One *Years,* Three *Months,* Sixteen *Days.*

*Color,* Octaroon

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 85 George St -

*Cause of Death* First, (Primary,) Congestion of the brain

Second, (Immediate,) Convulsions

*Duration of last Sickness,* One day.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 29 1880

*Undertaker,* Wm H Bishop

*Place of Business,* 97 Druid Hill Ave

John J. King *M. D.*
Medical Attendant.

*Address,* 215 N. Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42461

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} No Name (Patrick. Name)

*Sex, Male or Female,* {Cross out the word not required in this line.} Morgan & Mary Evans

*Age,* ..... *Years,* ..... *Months,* 10 Hours ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} No 6, Hull, St

*Cause of Death,* First, (Primary.) only 7. Month Child

Second, (Immediate.)

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetary

*Date of Burial,* August 29th 1880

*Undertaker,* Leonhard Feuss

*Place of Business,* S. Bond St. & 277.

H B Noble M.D.,

Medical Attendant.

*Address,* 17 Warren av

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 42462

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 28, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex, Male or Female,* {Cross out the word not required in this line.} Fathers Name D. C. Granville

*Age,* ..... *Years,* ..... *Months,* 6 hours ~~Days~~

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 337 E. Biddle St

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 337 E. Biddle St

*Cause of Death,* First, (Primary.) Premature birth.

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Aug 30th/80

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

W W White, M.D.,
Medical Attendant.

*Address,* 327 N. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Asked.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} A. Matilda Stinnard

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* 4 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 89 N. Exeter St.

*Cause of Death* {First, (Primary,) Hydrocephalus

Second, (Immediate,) ~~Convulsions~~

*Duration of last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 30th/80

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square

Eldridge C. Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 2d th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Edward Lee Crawford

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* ..... *Years,* ..... *Months,* 11. ..... *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} single

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto 613 S Chas st

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 613 S Chas St

*Cause of Death* { First, (Primary,) Cholera infantum
Second, (Immediate,) Carbitis

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laudenpark Bom

*Date of Burial,* Aug 29th 1880

*Undertaker,* Fidelis Koehler

*Place of Business,* Sharp & Cross Sts, *Address,* 15 Denmead st.

Hos. E. Smith M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 42465

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 1880 1883 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* August 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frank Bitter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 10 Ten *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 68 Jonnorotts North

*Cause of Death,* First, (Primary.) Stenosis Regurgitation

Second, (Immediate.) —

*Duration of Last Sickness,* Four (4) Days

**All the above information should be furnished by the Physician.**

*Place of Burial,* St James Comtery

*Date of Burial,* August 30 1880

*Undertaker,* Henry Hoen

*Place of Business,* 329 Central Ave

S W Sloan **M.D.,**
**Medical Attendant.**

*Address,* 58 Eager Continued

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42466

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE.

*Date of Death,* August 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel de Shields

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.} ~~Married~~

*Occupation,* Washerwoman

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Co

*Duration of Residence in the City of Baltimore,* Thirty five Years

*Place of Death,* {Give street and number.} No 12 Price Court

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,) Dropsey

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Lowndl Cemetery

*Date of Burial,* Aug 29 1883

*Undertaker,* William Munger

*Place of Business,* No 62 East Street *Address*

L J Chabot M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the Law [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42467

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hart

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 25 *Years,* ..... *Months,* ..... *Days.*

*Color,* col

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* He lives

*Place of Death,* {Give street and number} rear of 157 East 2d

*Cause of Death,* First, (Primary,) Fell of a desk into water chilled

Second, (Immediate,) Intemperate & pneumonia

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Aug 30 1880

C C Baldwin M. D.
Medical Attendant.

*Undertaker,* William Metzger

*Place of Business,* No 62 East Pratt

*Address,* 124 N Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29 - 83

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbur F. Sapplee

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 46 *Years,* 2 *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} N. J. Philadelphia Co. Pa.

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number} No. 94 Arlington av

*Cause of Death,* First, (Primary,) Hepatitis (enbreement) Intermittent

Second, (Immediate,) Tetanus Pyaemia

*Duration of last Sickness,* About 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Aug 31 1883

Wm. Hammond M. D.
Medical Attendant.

*Undertaker* Jo. G. Cook

*Place of Business* No 707 W. Baltimore Street Address, 64 N. Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Nicol

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* — *Years,* — *Months,* 1 3 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balt Md

*Duration of Residence in the City of Baltimore,* Living Life

*Place of Death,* {Give street and number.} 192 S Washington St

*Cause of Death,* First (Primary,) Accidentally suffocated by a pillow

Second (Immediate,) pressing over the face, whilst asleep

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* 29th August 1880

*Undertaker,* Wm Nicolaus

*Place of Business,* 253 Alice Ann St.

Chas M Nevitt M.D.
Coroner Medical Attendant.

*Address,* 69 213 Balto St

### *Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Above.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Griebel.

*Sex, Male or Female,* {cross out the word not required in this line.} Male —

*Age,* 59 *Years,* 9 — *Months,* 11 — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Tailor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany —

*Duration of Residence in the City of Baltimore,* 35 years —

*Place of Death,* {Give street and number} 134 East Lee

*Cause of Death* { First, (Primary,) Paralysis of Right side — " "
Second, (Immediate,) do — " "

*Duration of last Sickness,* 3 days —

All the above information should be furnished by the Physician.

*Place of Burial,* August 30th 1880 St Pauls Cemetery

*Date of Burial,* August 30th 1880

*Undertaker,* Peter Frey

*Place of Business,* 91 Eutaw Av

G A Dohme M. D.
Medical Attendant.

*Address,* 116 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42471

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, August 28. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Davis

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Years, 4 Months, 2 Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 52 Stirling St.

Cause of Death { First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Aug 29th

{ Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St.

J. W. Nock M. D.
Medical Attendant.

Address, W. E. Balt. Co.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 43473

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 29 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* August 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dorsey

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* Six (6) *Years,* Six (6) *Months,* & Two (2) *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation*~~, (Child)

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Fort McHenry Md.

*Duration of Residence in ~~the City of Baltimore~~,* Ft McHenry (since birth)

*Place of Death,* {Give street and number.} Fort McHenry Md

*Cause of Death,* First, (Primary.) Acute Tonsillitis Diphtheritic infection suspected

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Ft Totten Cemetery

*Date of Burial,* Aug 30th 1880

{*Undertaker,* John C. Schutt

{*Place of Business,* 265 Aliceanna St

H. O. Gaulding M.D.,
Medical Attendant.

*Address,* Ft McHenry Md

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42470

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42473

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 28. 1883

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary J. Mowell

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE.

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* One *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 59 Williamson st

*Cause of Death,* { First, (Primary,) Whooping Cough / Second, (Immediate,) Pneumonia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 29th 1883

*Undertaker,* Geo I Perkins & Co

*Place of Business,* 132 Henrietta St

W S Booze M. D.
Medical Attendant.

*Address,* 202 Shroeder st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 29 1883 BALTIMORE

*Date of Death,* August 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Harris

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 2 *Months,* ~~Days.~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 313 Canton Ave

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Same

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* 30th August 1880

*Undertaker,* Wm. Nicolaus

*Place of Business,* 258 Alice Ann

Thos. J. Evans M. D.
Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42 475 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Hickman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 15 Branch

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Meningitis Cerebral

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* Aug 30th

*Undertaker,* Henry Brice

*Place of Business,* Hanover St 81

Gordon Gatch M.D.,
Medical Attendant.

*Address,* 816 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42476

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Bridge

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* One *Years,* 2 *Months,* *Days.*

*Color,* Colored,

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None,

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No. 226 N. Durham St,

*Cause of Death,* First, (Primary,) Tuberculosis

Second, (Immediate,) Pneumonia,

*Duration of last Sickness,* 3 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Chapel

*Date of Burial,* Aug 29 1886

J. W. Chambers M. D.
Medical Attendant.

*Undertaker,* Thos J Locke

*Place of Business,* 28 Jefferson St

*Address,* 220 N. Broadway Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42177

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 2 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Julia Wilson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

~~Age,~~ ~~Years,~~ 4 hrs. ~~Months,~~ ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 289 N. Eden st.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Premature birth

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Aug 30th

Thos. Brooke Boyle M. D.
Medical Attendant.

*Undertaker,* H. A. Wiedefeld

*Place of Business,* 90 Greenmount Av *Address,* 1616 E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 2 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Katharina Bloss

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* ~~0~~ *Months,* 12 *Days.*

*Color,* *Sex,*

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 98 Pierce st Balt

*Cause of Death,* First (Primary,) Tuberculosis

Second (Immediate,) exhaustion

*Duration of Last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery R. H. Heidmann M. D.

*Date of Burial,* Aug 31th 1880 Medical Attendant.

*Undertaker,* Peter Kummert *Address* 120 East st. Baltim

*Place of Business,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42479

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 28-1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick T Miller

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 26 *Years,* 4 *Months,* 28 *Days.*

*Color,* White

*Married, ~~Single,~~ Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Md Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 376 - Penna Ave

*Cause of Death,* First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Aug 30 1880

*Undertaker,* Peter Kummert

*Place of Business,*

D. C. Hamill M. D.
Medical Attendant.

*Address,* Penn & Pratt corner

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ulric Crum

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 28 *Years,* 9 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Freight Conductor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 343 Columbia Ave

*Cause of Death* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* August 31st 1880

*Undertaker,* Andrews & Hadyen

*Place of Business,* 1646 Druid Hill Ave

Jno D Blatz M. D.
Medical Attendant.

*Address,* 168 S Paca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 42481

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Eckel

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* Nine years

*Place of Death,* {Give street and number.} 6 Bohemia Ct.

*Cause of Death,* First, (Primary.) Carcinoma of the Axillary Glands

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Eight months

All the above information should be furnished by the Physician.

*Place of Burial,* Ft. Alleghenies Cem.

*Date of Burial,* Aug. 30th 1880

*Undertaker,* H. Stahler

*Place of Business,* 244 E. Lombard St. *Address,* Balto

G. G. Luck *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42482

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Mitchell

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Twenty *Years,* *Months,* *Days.*

*Color,* white *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore – Md –

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 78 Green St

*Cause of Death,* {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* Aug 31st 1880

*Undertaker,* Peter Kummert

*Place of Business,* Mulberry Street

*Address*

Jno D. Caldwell M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

**Permit No.** 42483

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Daughter of Mr. J. F. Sipe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ___ *Years,* 2 *Months,* 11 *Days.*

*Color,* White — *Sex,* F.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. City —

*Duration of Residence in the City of Baltimore,* During Life —

*Place of Death,* {Give street and number.} 95 N. Stricker St. —

*Cause of Death,* First (Primary,) Probable cause of death "Enteritis" — Second (Immediate.) Enteritis" — Morbus Nullus seen —

*Duration of Last Sickness,* Few days —

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Aug 30th 1880

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont St *Address* 2117 Lanvale —

I. L. Ingle M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug. 28th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nancy R. Purnell

*Sex,* ~~Male~~ *Female,* { cross out the word not required in this line. }

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Essex Co. Va.

*Duration of Residence in the City of Baltimore,* 10 yrs.

*Place of Death,* { Give street and number } 92 Orchard St.

*Cause of Death* { First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* 6 wks. 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Aug 30th 1880

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry St,

Eldridge C. Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 28th 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Walton

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 41 Years

*Place of Death,* {Give street and number} 9 Burgess St

*Cause of Death* {First, (Primary.) Intestinal Hemorrhage

Second, (Immediate,)

*Duration of last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olive.

*Date of Burial,* August 30

*Undertaker,* B. Hall

*Place of Business,* 411 Light St.

Robert S. Rowe *M. D.*
Medical Attendant.

*Address,* 923 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42486

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Patterson Lucas

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Three (3) *Years,* Eleven (11) *Months,* Twenty three (23) *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 726 E. Chase Street

*Cause of Death,* First, (Primary.) Scarlatina Anginosa

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* August 30, 1880

*Undertaker,* Henry Hoen

*Place of Business,* 309 Central Ave *Address,* E. Eager and Caroline Sts

Wm. H. Thom M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29 — 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Kunigunda Hofelder

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 62 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 83 Lombard st

*Cause of Death* { First, (Primary,) Pulmonary Tuberculosis
Second, (Immediate,) .....

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem R C

*Date of Burial,* August 30, 1880

*Undertaker,* Henry Heath

*Place of Business,* 309 Central Ave

J. Geo. Dausch M. D.
Medical Attendant.

*Address,* 27 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schwartz (Supposed)

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* about 45 *Years,* ..... *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number} Commercial Wharf Thames St

*Cause of Death,* First, (Primary,) Drowned

Second, (Immediate,)

*Duration of last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,*

*Undertaker,* P McMullin

*Place of Business,*

Chas M Mosher M. D.
Medical Attendant.

Corner E. D

*Address,* 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or before, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 28 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Sample

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Seven *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 52 Rear Aisquith

*Cause of Death,* First, (Primary,) Ryhoid fever

Second, (Immediate,) Asthenia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 30th

U. S. Booze M. D.
Medical Attendant.

*Undertaker,* J. W. Perkins & Co

*Place of Business,* 130 Henrietta *Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov ]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42490 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adeline Crichton

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 27 *Years,* 8 *Months,* *Days.*

*Color,*

*Married,* ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 51 Low Street

*Cause of Death,* First, (Primary.) Organic Disease of Heart

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Aug 31st 1880

*Undertaker,* Wm. H. Hackman

*Place of Business,* 234 E. Gay St.

Saml. Powell M.D.,
Medical Attendant.

*Address,* No 29 Asquith St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } amelia { Parents
& William Eisner

*Sex, Male or ~~Female~~,* { ~~cross out the word not required in this line.~~ }

*Age,* ~~Years,~~ ~~Months,~~ 7 Days.

*Color,* white.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* L B

*Place of Death,* { Give street and number } 5 Columbia Av.

*Cause of Death,* First, (Primary,) Premature birth.
Second, (Immediate,) Inanition

*Duration of last Sickness,* Seven days.

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Cemetery

*Date of Burial,* 30 Aug

*Undertaker,* Wm Eisner

*Place of Business,*

Aug F. Erich M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Smith

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age* Sixty *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert County

*Duration of Residence in the City of Baltimore,* about three years

*Place of Death,* {Give street and number} 126 Barre St

*Cause of Death,* {First, (Primary,) Paralysis

{Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Eight Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 31st 1880

{*Undertaker,* John Macher

{*Place of Business,* No 150 Camden

Caleb Hall M. D.
Medical Attendant.

*Address,* Southern Dispensary
Pratt & C

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42493

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Coles, Sr

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* 6 *Months,* 3 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoe Maker ✓

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} England, 48 years

*Duration of Residence in the City of Baltimore,* 39 Myrtle Av.

*Place of Death,* {Give street and number.}

*Cause of ~~Death~~,* First, (Primary.) Malignant Tumor of Stomach

Second, (Immediate.) Exhaustion,

*Duration of Last Sickness,* 4 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 31st 1880

*Undertaker,* Matthew Caddigan

*Place of Business,* Myrtle Ave & Mulberry St. *Address,* No 29 Hisquith St

Saml E Powell M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Stevenson

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} not Known

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* {First, (Primary,) Phthisis

Second, (Immediate,) asthenia

*Duration of last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Balt-Co

*Date of Burial,* Aug 30 86

*Undertaker,* Hesling & Dunn

*Place of Business,* No 263 Light St

Hesh *M. D.*
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42495

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 30 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* August 29 1850

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Mary Myers

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and number.} 355 N. Charles St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Tuberculous Meningitis

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mary's Cemetery

*Date of Burial,* August 31 -

*Undertaker,* B. Hasle

*Place of Business,* 411 Light St.

Sherton Bruce M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 42496 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 30 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Aug 27.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Aynold

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 174 West st

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Chorea Infantum

*Duration of Last Sickness,* 2 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* H. Hebron Cemetery

*Date of Burial,* August 31

*Undertaker,* B. Hurll

*Place of Business,* 411 Light St.

Theodore Cator M.D.,
Medical Attendant.

*Address,* 146 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Augt 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno. W. Wrekin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* white *Sex,* male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Watchman

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Talbot Co

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* {Give street and number.} 346 Mulberry St

*Cause of Death,* First (Primary,) Opium poisoning

Second (Immediate,)

*Duration of Last Sickness,* 20 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Hookstown Balto Co. Md. Alexander Tilghman M. D.

Medical Attendant.

*Date of Burial,* August 31st 1880

*Undertaker,* John S. Weaver & Co. *Address*

*Place of Business,* # 22 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 42498

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT AUG 30 1899 BALTIMORE

*Date of Death,* Aug. 29/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Sinclair

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} S. E. cor. Bank & Register

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Greenmount Cem'y

*Date of Burial,* August 31st

*Undertaker,* H. Frochlich

*Place of Business,* 244 Easton Av

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Susan Ahart

*Sex,* ~~Male~~ or Female, {Cross on the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Cor Park Ave & Biddle St.

*Cause of Death,* First (Primary,) Scarlet fever.

Second (Immediate,) Convulsions from Mannic poisoning

*Duration of Last Sickness,* Scarlet fever 5 wks 2 days. Anasarca. One week.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Aug 30th 1880

*Undertaker,* Jos. B Cook

*Place of Business* No 707 N Baltimore Street

Jno. G. Jays M. D.
Medical Attendant.

*Address* Park Ave & Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Leena Ortmann

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Years, 6 Months, Days.

*Color,* White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 62 Essex st

*Cause of Death,* First, (Primary.) Meningitis (Tubercular)

Second, (Immediate.)

*Duration of last Sickness,* Fourteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* 31 August 1880

*Undertaker,* John P. Leech

*Place of Business,* 265 Aliceanna

Thomas D. Evans M. D.
Medical Attendant.

*Address,* 92 Gaetano Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT 4M]

See following certificate No.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Dorsey

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* 11 *Days.*

*Color,* white *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Fort McHenry Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} Fort McHenry Md

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,)

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Comty

*Date of Burial,* Augt 30 1880

James A Steuart M. D.
~~Medical Attendant~~

*Undertaker,* John C. Schutz

*Place of Business,* 265 St. Alice Anne St *Address*

Register

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11230

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42502

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30 eth 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tolly Magne

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 94 *Years,* ~~~ *Months,* ~~~ *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Connecticut

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 176 N Carey St

*Cause of Death* {First, (Primary,) Old age

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem'y

*Date of Burial,* August 31st 1880

Elias C Price M. D.
Medical Attendant.

*Undertaker,* Deuby and Mitchell

*Place of Business,* 530 W Fayette St

*Address,* 262 Mead Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 12,013

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Groas

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 30 *Years,* —— *Months,* —— —— *Days*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give street and number.} 2 Short St.

*Cause of Death,* First (Primary,) Compression of the Spinal Cord

Second (Immediate,)

*Duration of Last Sickness,* 10 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 30 of Aug 1890

*Undertaker,* Charles A White

*Place of Business,* 95 Granby St

D. S. Borden M.D.
Medical Attendant.

*Address,* 106 Lilyquist St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42804

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

*Date of Death,* August 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W. Willis

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* Twenty two *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Broker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} London England

*Duration of Residence in the City of Baltimore,* 49 Years

*Place of Death,* {Give street and number.} 140 Mulberry St.

*Cause of Death,* First, (Primary.) Intussusception of Bowels

Second, (Immediate.) Collapse

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Aug 31. 1880

*Undertaker,* Anderson & Hodges

*Place of Business,* No 4 3rd Floor *Address,* 57 S. Broadway

C. B. Bidow *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4250

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4250

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 30 BALTIMORE

*Date of Death,* August 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Jones

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 35 *Years,* —— *Months,* —— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} (Single)

*Occupation,* Steamboat

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and number} 137 Bellevue Alley

*Cause of Death* { First, (Primary,) Syphilis
Second, (Immediate,) (Dropsy) (General)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Wayside Cemetery

*Date of Burial,* August 30

*Undertaker,* Hercules Ross

*Place of Business,* 91 Dolphin

J. A. Gillis M. D.
Medical Attendant.

*Address,* 150 N Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42506

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT AUG 29 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 27. 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hamilton

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 14 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number} 4 Wagner St

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate,) Asthenia

*Duration of last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Calvert

*Date of Burial,* August 30

*Undertaker,* Geo Lee & Co

*Place of Business,* Baltimore

W. L. Booze *M. D.*
Medical Attendant.

*Address.* 206 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[over]

No. 12507

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1890 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 29 '90

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Walter Lully

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 9 *Months,* 11 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number} 314 Forest St

*Cause of Death,* First, (Primary,) Marasmus.

Second, (Immediate,) 5 months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Tuesday Aug 31

*Undertaker,* H. C. Ulrich

*Place of Business,* 90 Gough St

Edward P. McDonnell M. D.
Medical Attendant.

*Address,* 133 E. Eager St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

KODAK SAFETY FILM

No. 18

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frisk Small

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 47 Preston st

*Cause of Death,* First, (Primary,) Organic Heart Disease

Second, (Immediate,)

*Duration of last Sickness,* Last attended a week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* August 31st 1880

*Undertaker,* Wm Weaver

*Place of Business,* 202 N. Eutaw St

J. C. Williams M. D.
Medical Attendant.

*Address* 201 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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8

No. 42509

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42509

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so ~~to~~ do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burke

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} County Tipperary Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Asylum of the Little Sisters of the Poor Cor. of John and Valley Sts.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Paralysis

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* August 30th 1880

*Undertaker,* Hugh Fockler

*Place of Business,* 309 N. Central Ave

Jno. Brooke Boyle M. D.
Medical Attendant.

*Address,* 166 E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane McElheney

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* 59 *Years,* 11 *Months,* 24 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto City

*Duration of Residence in the City of Baltimore,* 59. 11. 24.

*Place of Death,* {Give street and number.} 559 Franklin St.

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Cancer of Stomach 4 Months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Aug 31

*Undertaker,* C. H. Blizzard

*Place of Business,* 201 Penn ave

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover & Barre sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 12511

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 3 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Louis Woelk.

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 17 *Years,* 8 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* All his life.

*Place of Death,* { Give street and number } D. J. Hoffmans Brickyard pond Bet. Chas St. and Marshall Av. near McTernas St.

*Cause of Death* { First, (Primary.) had a Convulsion (which he was subject to) & fell into the pond
Second, (Immediate,) Accidental drowning.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Aug 31 1880

*Undertaker,* Peter Koehler Coroner

*Place of Business,* Sharp & Cross *Address,* 161 S. Sharp St.

Dr. Abel M. D.
Medical ~~Attendant~~,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42512

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elitha Sophia Ewell

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 34 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Dress Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md.

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number} 15 Lambert St.

*Cause of Death* First, (Primary,) Typhoid Fever.

Second, (Immediate,) Ulceration of bowels causing Peritonitis,

*Duration of last Sickness,* 9 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Calvert Co Md

*Date of Burial,* August 31/1880

*Undertaker,* John L. Jones

*Place of Business,* No 63 Lake A

A. C. Fel M. D.
Medical Attendant.

*Address,* Cor Fayette & Eutaw

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

See next case

1887 Transit

...ysician is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lance

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Eighty *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cooper unable to work for a long time

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* All his life time

*Place of Death,* {Give street and number.} No 15 Baker St,

*Cause of Death,* {First (Primary,) Second (Immediate,)} First taken with Intermittent Fever Complication Superinduced by old age and refused to take any medicine — Paralysis

*Duration of Last Sickness,* about three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bony Brae Cemetery

*Date of Burial,* Aug 31 at 1880

{*Undertaker,* Geo Saffran
*Place of Business,* 121 Penn Ave

A. A. Poe M. D.
Medical Attendant.

*Address* No 1 N Broadway Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* Years, about 6 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the ~~City of Baltimore~~,* Institution 1 Month

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,) Hydrocephaloid

*Duration of last Sickness,* When received

All the above information should be furnished by the Physician.

*Place of Burial,* Byrnie Brae

*Date of Burial,* Sept 1 1880

*Undertaker,* Wm Bramigan

*Place of Business,* 156 Division St

Mahony Brewer M. D.
Medical Attendant.

*Address,* 68 McCulloh St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1220

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. AUG. 31, 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29: 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} T. Morrison Lee Wells

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ 9 *Months,* 14 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 474 Lexington St.

*Cause of Death* {First, (Primary,) Teething.
Second, (Immediate,) Convulsions

*Duration of last Sickness,* Two (2) Weeks

All the above information should be furnished by the Physician.

*Place of Burial* Western Cemetery

*Date of Burial,* Aug 31st 1880

*Undertaker,* Pol. & Cook

*Place of Business* No 707 W Baltimore Street *Address,* 287 W Lombard St

D. L. Spear *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 24[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 30th. August 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andreas Libanowsky

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* — *Years,* 2 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* during lifetime

*Place of Death,* { Give street and number } Alice Ann Street 112.

*Cause of Death* { First, (Primary,) Cholera Infantum. Second, (Immediate,) Convulsions

*Duration of last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Michael Burial.

*Date of Burial,* 31 August

*Undertaker,* Henry Bein

*Place of Business,* 250 Alice Ann St

William Hazel *M. D.*
Medical Attendant.

*Address,* S. Wolfe & 112

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

Permit No. 42577

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Aug. 30/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate, Daughter

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* One *Months,* *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} Gallaghers Ct

*Cause of Death,* First, (Primary.) Decline

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmell Cemetery

*Date of Burial,* August 31st 1880

*Undertaker,* H. & M. Gebmeyer

*Place of Business,* 341 Canton Ave.

G. L. Mills M.D.,
Medical Attendant.

Address, Mt. Pleasant

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augt 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Lucinda Parker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 9 *Months,* *Days.*

*Color,* Colored *Sex,* Female

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 3 Lehman al

*Cause of Death,* First (Primary,) Suppose Poisoning

Second (Immediate,) Stomach to be analyzed

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Augt 31

*Undertaker,* Hercules Doll

*Place of Business,* Baltimore St

Alexander Tinsley M. D.
Medical Attendant.

Address

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 42519

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phelepena Oppell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 97 Gordon ave alley

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Congestion of the Brain with Con— Collapse

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* August 31st

*Undertaker,* E. Hart

*Place of Business,* 411 Light St.

Howard Carter M.D.,
Medical Attendant.

*Address,* 146 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42520

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Stanley

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 20 *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 92 Stiles St

*Cause of Death* {First, (Primary,) Marasmus

{Second, (Immediate,)

*Duration of last Sickness,* abt 4 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Arbury E. Grady

*Date of Burial,* Aug 31st 1880

*Undertaker,* Theo J Locke

*Place of Business,* 75 Jefferson st

Geo. L. Kinnemon M. D.
Medical Attendant.

*Address,* Balto Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42521 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Grelly

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* White *Years,* *Months,* 15 hours *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 1 Bethel Court

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cyanosis

*Duration of Last Sickness,* Since birth

**All the above information should be furnished by the Physician.**

*Place of Burial,* St. Patrick's Cem

*Date of Burial,* Aug. 31, 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway *Address,* 74 S Broadway

C. L. Wilson M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Thomas

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* ~ *Years,* 3 *Months,* 15 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 148 Chesapeake St

*Cause of Death,* First (Primary,) ~~Congestion~~ Diarrhoea

Second (Immediate,) Convulsions

*Duration of Last Sickness,* abt 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* Aug. 31. 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 744 S. Broadway

Chas M. Mofft M.D.
Medical Attendant.

Corner E & Balto St
*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1122

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

*Date of Death,* Aug. 29th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebecca Taylor

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

*Age,* 11 *Years,* 6 *Months,* 5 *Days.*

*Color,* Color

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent Island Kent Co. Md.

*Duration of Residence in the City of Baltimore,* about 9 years

*Place of Death,* {Give street and number} No 20 S. Bethel St.

*Cause of Death* { First, (Primary,) Typhoid Fever
Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* about one Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 31

*Undertaker,* Fry & Son

*Place of Business,* 54 N Broadway

Wm H Forgett M. D.
Medical Attendant.

*Address,* Eutaw near Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 188 0

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Moore

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 4 *Months,* 23 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md U.S.

*Duration of Residence in the City of Baltimore,* Continued

*Place of Death,* {Give street and number} 231 S. Eutaw St

*Cause of Death,* First, (Primary.) Tabes Mesenterica

Second, (Immediate.) Emaciation & Meningitis

*Duration of last Sickness,* From Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Aug 31 "

*Undertaker,* Jacob Davis

*Place of Business,* 103 Pac St

L. D. DYER M. D.
Medical Attendant.

*Address,* 146 Hill St

L. D. DYER M.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/2525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Augst 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Jane & Samuel Barret (Parents)

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 2 hours *Days.*

*Color,* Colored *Sex,* ———

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 16. Dew alley

*Cause of Death,* First (Primary,) Premature Birth

Second (Immediate,) asthenia

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* Locust Cemetery James A Steuart *M. D.*

*Date of Burial,* Augt 31 1880 ~~Medical Attendant~~

*Undertaker,* Chas. A. White

*Place of Business,* Granby St *Address* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Exam by. Jos R. Smith Sr Dr

# Board of Health, City of Baltimore,

Permit No. 42526

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes A. V. Rose

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 22 Fessier St.

*Cause of Death,* First, (Primary.) Typhoid fever

Second, (Immediate.) Meningites

*Duration of Last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp st cemetery

*Date of Burial,* Sept 1st 1880

*Undertaker,* Kemsley & Traeder

*Place of Business,* # 116 Orchard st

Louis L. Horn M.D.,

Medical Attendant.

*Address,* 226 Fulbeugh

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42527

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG. 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 29 th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Johnson

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* About 34 — *Years,* cant tell ~~Months~~, exactly *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Unmarried

*Occupation,* Convict in Penitentiary

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Dont Know

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give street and number.} Maryland Penitentiary

*Cause of Death,* First (Primary,) Coxalgia (Hip joint disease)

Second (Immediate,) Pyaemia

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Pub Cem

*Date of Burial,* Augt 31 1880

*Undertaker,* Patrick Mullin

*Place of Business,* E Park ave

Silas Baldwin M.D.
Medical Attendant.

*Address,* 152 Townsend St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 31 August 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hartwig Blum

*Sex, Male or Female,* { Cross out the words not required in this line. }

*Age,* 68 *Years,* 2 *Months,* 3 *Days*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,* barber

*Birthplace,* { State or country (and how long in United States, if of foreign birth.) } Germany

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* { Give street and number. } 130 Lombard

*Cause of Death,* { First (Primary,) Second (Immediate,) } Marasmus

*Duration of Last Sickness,* ab. 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 1 Sept

{ *Undertaker,* Adam Fink
{ *Place of Business,* 461 W. Jay St

C Hartmann M.D.
Medical Attendant.

*Address,* 5 S Wiegand's Alley

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42529

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Bohlayer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 5 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 87 Bank St.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* One week & found dead

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 1st

*Undertaker,* H. Bank

*Place of Business,* 85 Bank St.

G L Wilkins M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Hester Barrol Colored

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 44 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. }

*Cause of Death,* { First (Primary,) / Second (Immediate,) }

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Sex,* female
Married
Housekeeper
Born Ireland
18 years
50 Russell
Childbirth - Head born
Exhaustion male
one day

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* Sept 31 1880

*Undertaker,* H. Lohase

*Place of Business,* 198 Canton Ave

Wm. C. Knowles M. D.
Medical Attendant.

*Address* 312 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

# Board of Health, City of Baltimore,

Permit No. 42531

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bana Pearl Douglas

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* — *Years,* 8 *Months,* 5 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 8 yrs 5 ds

*Place of Death,* {Give street and number} 33 Arch St

*Cause of Death* { First, (Primary,) } { Second, (Immediate,) } Convulsions

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Aug 31 1880

*Undertaker,* H C Crane

*Place of Business,* Raleigh Tunnel

E A Gillis M. D.
Medical Attendant.

*Address,* 1500 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Callaghan

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laundress

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number.} 18 Stemmer alley

*Cause of Death,* First (Primary,) Gastro-Enteritis

Second (Immediate,)

*Duration of Last Sickness,* 16 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's Cemetery

*Date of Burial,* September 1st 1880

Thos. Kelly M. D.
Medical Attendant.

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St *Address* 76 S. Exeter St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of...

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

*Permit No.* 44533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 30. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richardson R Goodwin

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 6 *Years,* 1 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 4 S. Mount St

*Cause of Death* { First, (Primary,) Congestive Chill
Second, (Immediate,)

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetry

*Date of Burial,* Sept 1st 1880

{ *Undertaker,* William N. Dungee
{ *Place of Business,* No 42 East St

James Bates M. D.
Medical Attendant.

*Address,* 312 Madison St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Mathews

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ 8 *Months,* 11 *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number} 134 Ramsay

*Cause of Death* {First, (Primary,) Marasmus

{Second, (Immediate,) Convulsions

*Duration of last Sickness,* Three (3) days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 1st 1880

*Undertaker,* Jos. B. Cook

*Place of Business* 507 N. Baltimore Street *Address,* 387 N. Eutaw

A. L. Lincoln *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42535

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

*Date of Death,* Aug 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Kemper

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 19 *Years,* 5 *Months,* 9 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 221 Lemon st

*Cause of Death* { First, (Primary,) Sep Fever
Second, (Immediate,) 14 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park cemetery

*Date of Burial,* Sept 1st 1880

*Undertaker,* Jas B Lowe

*Place of Business,* No 707 W Baltimore street *Address,* 44 Hanover St

Geo. W. Benson M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42536

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rula L. Ross

*Sex,* ~~Male~~ or Female, {cross out the word not required in this line.}

*Age,* 1 Years, ~~Months,~~ 13 Days.

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 1 Year 13 days

*Place of Death,* {Give street and number} 39 Mc Henry St

*Cause of Death* {First, (Primary,) Meningitis

Second, (Immediate,) Old Cruk

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 1st 1880

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore Street

H. L. Speck M. D.
Medical Attendant.

*Address,* 787 W Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...e special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4253

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Lehmechel

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Barber

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Poland

*Duration of Residence in the City of Baltimore,* 3 days

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* { First, (Primary,) Pistol Shot
Second, (Immediate,) ~~3 days~~ Asthenia 3 Days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial,* Sept 1st 1880

*Undertaker,* Wm B Cook

*Place of Business,* No 707 W Baltimore Street

Alexander Jessley M. D.
~~Medical Attendant.~~
Coroner

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Reynolds

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* About fifty *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Calvert County Md

*Duration of Residence in the City of Baltimore,* About 25 years

*Place of Death,* {Give street and number.} Woodyear St. No. 14

*Cause of Death,* First (Primary,) Tuberculosis

Second (Immediate,) Prostration

*Duration of Last Sickness,* About 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 1st 1880

*Undertaker,* Wm. G. Chenowith

*Place of Business,* 336 Pennsa ave *Address*

L. G. Sparrow M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11-2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

# Board of Health, City of Baltimore,

Permit No. 42.539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT AUG 21 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT AUG 21 1880 BALTIMORE

Date of Death, [illegible] 30th Aug

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. N. Gambrill

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 69 Years, 9 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Manufacturer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard [illegible] Anne Arundel Co Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and number} 260 N. Charles St

Cause of Death, First, (Primary.) Bright's Disease

Second, (Immediate,) Paralysis

Duration of last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 1st Sept '80

J. Donaldson M. D.
Medical Attendant.

Undertaker, J. H. Mears & Co

Place of Business, #22 W. Fayette St Address, 108 Park Ave Baltimore

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the [illegible]ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to [illegible]rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set[illegible]g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[illegible]n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42540

# Board of Health, City of Balti...

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William M. Casey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 20 *Years,* 7 *Months,* 8 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Poler

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 16 S. Bethel St.

*Cause of Death;* First, (Primary.) Tuberculosis Pulmonary

Second, (Immediate.)

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Sept. 1 [redacted]

*Undertaker,* M A Gaiger

*Place of Business,* 74 S Broadway *Residence,* 17 S. Broadway

Jno. S. Lynch *M.D.,*
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42541

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Koenig

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* Twenty Eight 2-8 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Hostler

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Druids Run -

*Cause of Death* First, (Primary,) Accidently drowned -

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,* Sept 1st 1880

*Undertaker,* C. H. Krause

*Place of Business,* 209 Hanover

E. J. Beck M. D.
~~Medical Attendant.~~
Coroner

*Address,* Cor Sharp & Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific[illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 2 5 . 4 2 .

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Hathey

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 10 *Years,* ____ *Months,* ____ *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} in Pennsylvania

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Asylum of the Little Sisters of the Poor Cor. Lo[illegible]bin and Valley St

*Cause of Death,* First, (Primary,) ____ Second, (Immediate,) Paralysis

*Duration of last Sickness,* one half Day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* August 31st 1880

*Undertaker,* Henry Shelltreis

*Place of Business,*

Jno. Brooke Doyle M. D.
Medical Attendant.

*Address,* 166 E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

KODAK SAFETY FILM

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi[illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42.543.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Ferdinand

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 9 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* At home

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 1 Jefferson St.

*Cause of Death,* First, (Primary,) Croup

Second, (Immediate,) Apnoea

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Lutheran Cemetery

*Date of Burial,* Sept 1st

D. Sheets M. D.
Medical Attendant.

*Undertaker,* Geo. Schilling

*Place of Business,* Oakland & Lyon Sts. *Address,* 143 N. Eutaw St.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

# Board of Health, City of Baltimore,

Permit No: 42544

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug. 31 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Bishop

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 81 *Years,* 10 *Months,* 15 *Days.*

*Color,* Caucasian

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* 17 yrs.

*Place of Death,* {Give street and number} 398 N. Eden St

*Cause of Death,* First, (Primary,) Cerebral Phlebitis

Second, (Immediate.) Asthenia

*Duration of last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Co.

*Date of Burial,* Sept 2 '80

D. Steell M. D.
Medical Attendant.

*Undertaker,* Wm. H. Stickman

*Place of Business,* 234 N. Gay St. *Address,* 143 N. Exeter St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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Trans. 1889

[OVER]

No. 42545

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore,

Permit No. 42545.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31- 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hackett.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* 3 *Months,* ~~Days~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimo City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 121 Wolf st

*Cause of Death,* First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) (Acute)

*Duration of last Sickness,* ~ 48 Hours ~

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews Cem

*Date of Burial,* Sep 2d 80

*Undertaker,* M. Thomas

*Place of Business,* 280 Canton Ave

Thomas F. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 21

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

Permit No. 425.46

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Robert K. Vail.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* 10 *Months,* 20 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. md

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give street and number} 39 Fawn St

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) (Cerebral congestion) Convulsions

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 2nd 1880

*Undertaker,* Elisha Cox

*Place of Business,* 844 & 6 Bank St

W. F. Kemp M. D.
Medical Attendant.

*Address,* 53 No Green St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Board of Health, City of Baltimore,

*Permit No.* 42547

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Taylor

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* One *Years,* *Months,* 14 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* C

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* One year 14 days

*Place of Death,* {Give street and number} 53 Arch St

*Cause of Death* { First, (Primary,) C
, { Second, (Immediate,) Lockjaw

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Camel Cemetery

*Date of Burial,* September 1880

*Undertaker,* [illegible]

*Place of Business,* [illegible]

J. A. Gillis M. D.
Medical Attendant.

*Address,* 150 N Dulaney St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 42548. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Isabella Franklin 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Franklin

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 21 — *Years,* *Months,* *Days.*

*Color,* Black *Sex,* Female

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Several Yrs

*Place of Death,* {Give street and number.} 611 Oxford Street

*Cause of Death,* {First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery @ Blandale

*Date of Burial,* September 1 88

*Undertaker,* Hercules Ross

*Place of Business,* 94 Hanover St. *Address* 59 Cathedral

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Balt.

Permit No. 42549

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi... out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Louisa M. Barkman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days.*

*Color,* white,

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth save five years.

*Place of Death,* {Give street and number.} 390 E. Balt. cor Washington.

*Cause of Death,* First, (Primary.) Cerebral Hemorrhage,

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Fourteen hours,

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Thursday Sept 2. 1880

*Undertakers.* Fry & Son

*Place of Business,* South West Corner Broadway and Fayette Street

G. G. Luke, M.D.,

Medical Attendant.

*Address,* Balt. & Washington Sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30-9 P.M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Friedrich

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 5 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} XXX

*Occupation,* XXX

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} N. E. Cor. Madison & Castle

*Cause of Death* First, (Primary,) Scarlatina Maligna Anginosa

Second, (Immediate,)

*Duration of last Sickness,* Three weeks & two days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem. Yarrows Lot.

*Date of Burial,* September 1

*Undertaker,* John Hennessy.

*Place of Business,* 382 Orleans St.

James E. Donnelly M. D.
Medical Attendant.

*Address,* 99 E. Baltimore St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. Dec. 1889.

[OVER.]

No. 4[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore,

*Permit No.* 42551

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH SEP 11 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Henson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 10 *Years,* [illegible] *Months,* [illegible] *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* No

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 34 Martin St.

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) Diptheria

*Duration of last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 1 1880

*Undertaker,* S. Wyatt Crane

*Place of Business,* 98 Shrewsbury

[illegible] M. D.
Medical Attendant.

*Address,* 137 Calvert St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]**

# *Board of Health, City of Baltimore,*

*Permit No.* 42552.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 1890.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotta Mattox

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 34 Martin St

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) Diptheria

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Sept 1 1890

*Undertaker,* J McShane

*Place of Business,* 78 E Howard *Address,* 137

[illegible] M. D.

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42553.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 1st. September 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Gray.

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* Eight (8) *Years,* *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Eight Years.

*Place of Death,* {Give street and number} No 52. Mulberry Street.

*Cause of Death,* First, (Primary.) He had Pott's disease, Vertical Caleulus & Tania

Second, (Immediate,) Consumption induced by excessive pain.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* 2nd Sept. 1880

Mr C A Ambler M. D.
Medical Attendant.

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St. *Address,* 47 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 42554.

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31 st 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ingry Gertrude Bopp

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Dairy Business

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hanover Germany

*Duration of Residence in the City of Baltimore,* Forty years

*Place of Death,* {Give street and number} 413 S Light

*Cause of Death* {First, (Primary,) Apoplexy

{Second, (Immediate,)

*Duration of last Sickness,* Complaining for past two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* September 2 nd

*Undertaker,* B. Henke.

*Place of Business,* 411 Light St.

Jas. E Smith, M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STA

*Permit No.* 42555

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 11 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ino Robulson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* Black *Sex,* Male

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

*Occupation,* Drayman

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City all his life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First (Primary,) Effects of a Brain of the Removal

Second (Immediate,) Accident Haemorrhage

*Duration of Last Sickness,* 1 hour

All the above information should be furnished by the Physician.

*Place of Burial,* West sharp st

*Date of Burial,* septembes the 1

Alexander Finley M. D.
Medical ~~Attendant~~.
Coroner

{*Undertaker,* John C Gordan *Address*
{*Place of Business,* No 63 Park ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STAT

*Permit No.* 4255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonora Wallenweni

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* 30 *Years,* *Months,* *Days*

*Color,* N

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* 28 yrs

*Place of Death,* {Give street and number.} 253 S. Durham St

*Cause of Death,* First (Primary,) 3 Heart Disease

Second (Immediate,)

*Duration of Last Sickness,* Sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* August 31st

*Undertaker,* H. Fockler

*Place of Business,* 244 Eastern Ave

Chas M. Morfit M.D.

~~Coroner~~ ~~Physician~~ Attendant.

*Address,* 67 E Belle St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

# Board of Health, City of Baltimore.

*Permit No.* 42,557. OFFICE OF REGISTRAR OF VITAL STATIS...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 31 st. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Harby

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 28 *Years,* 10 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Lamp Lighter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 261 Central Ave

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* Long time — Over One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Sept 1st.

*Undertaker,* H. Frechlich

*Place of Business,* 243 Eastern Av

James E. Donnelly M. D.
Medical Attendant.

*Address,* 299 E Baltimore Street

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

*Permit No.* 42518.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Short

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 63 *Years,* One *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* House Keeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give street and number} 207 Columbia Ave

*Cause of Death,* First, (Primary,) [illegible]

Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 3rd 1880

*Undertaker,* Wm J McKew

*Place of Business,* 65 S. Eutaw St

Jno D Blake M. D.
Medical Attendant.

*Address,* 68 Lucas Pl

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore

Permit No. 42559 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 30th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 4 *Months,* ——— *Days.*

*Color,* Mulatto

~~*Married, Single, Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation,*~~ ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul

*Cause of Death,* {First, (Primary.) Second, (Immediate.) Diarrhea

*Duration of Last Sickness,* about 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 1st 80

*Undertaker,* J E Gorman

*Place of Business,* 63 Eutaw

T. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Mutchel

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 76 *Years,* 5 *Months,* ..... *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* Besides

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} S. E. Corner Stricker & Saratoga

*Cause of Death,* First, (Primary,) Exhaustion, old age.
Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Nat. Cemetery

*Date of Burial,* Sept 3d

*Undertaker,* Meeth & Shields

*Place of Business,* 601 Carrollton ave

P. H. Pelle M. D.
Medical Attendant.

*Address,* 28 North Howard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42.561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Aug: 31 21- 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William G. Hamill

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 24 *Years,* — 6 — *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Plumber

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number} 284 E Biddle st

*Cause of Death,* First, (Primary,) Pulmon: Consumption

Second, (Immediate,)

*Duration of last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 3rd 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 652 Broadway

S. T. Joyner M. D.
Medical Attendant.

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATI...

*Permit No.* 42.562.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept-1-1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selara Louise Barlow

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — 15 *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} No. 440 E. Lombard St

*Cause of Death,* {First (Primary,) Pneumonia
Second (Immediate,) Apnoea

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Sept 3rd 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

H. D. Fiske M.D.
Medical Attendant.

*Address* No 340 E. Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42563.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bell Jones

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* 16 *Days.*

*Color,* White

*Married, Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 8 & 2 Binney St

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 8 & 2 Binney

*Cause of Death* First, (Primary.) Dentation Intermitent fever

Second, (Immediate,) Congestion and convulsion

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* 2th Septr 1880

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann St

J E Richards M. D.
Medical Attendant.

*Address,* 28 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael McVeite

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Ireland

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* {Give street and number.} N. E. Cor Dallas & Mulberry sts.

*Cause of Death,* First (Primary,) Injury

Second (Immediate,) Tetanus

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 2d 1880

*Undertaker,* John Meagher

*Place of Business,* Park & Fayette

John H. Conner M. D.
Medical Attendant.

Address 44 Asquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Aug 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Negro male Child

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Negro male

*Age,* ____ *Years,* ____ *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 209 Pierce St.

*Cause of Death,* First, (Primary.) ____ Second, (Immediate,) Meningitis

*Duration of last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 3rd.

*Undertaker,* Peter Kümmerle

*Place of Business,* 317 Mulberry St. *Address,* 313 Franklin St

J. W. C. Cuddy *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J. Calvert

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Three *Years,* — *Months,* Five *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 178 South St.

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Five hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept 3 — 1880

*Undertaker,* J. B. Blackistone Son

*Place of Business,* 606 Balt St

J. Lyle Smith M. D.
Medical Attendant.

*Address,* 221 Barre St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 42567

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bode

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Ten (10) *Years,* Seven (7) *Months,* Twenty two (22) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} York County Pa

*Duration of Residence in the City of Baltimore,* 18 months

*Place of Death,* {Give street and number.} 330. E. Monument St

*Cause of Death,* First, (Primary.) Scarlatina Anginosa

Second, (Immediate.) Diphtheritis

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ch

*Date of Burial,* Sept 2 & 80 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 306 N. Central Ave *Address,* Eager & Fayette Sts

Dr. Kleinschmidt M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42568.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 1. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Jackson

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* Years, 6 Months, Days.

*Color,* Black.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 92 Peach Alley

*Cause of Death* { First, (Primary,) Cholera Infantum
Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cemetery

*Date of Burial,* 2nd Sept.

*Undertaker,* Wm. Perkins Jr. & Co.

*Place of Business,* 130 Pennsylvania Ave. *Address,* 206 Chatles St

W. S. Booze M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 1st, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Oldenwald

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 348 E. Saratoga

*Cause of Death* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Sep. 3rd 80

*Undertaker,* M. France

*Place of Business,* 280 Canton ave

[signature] M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Colest Clinton Gaffney

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 16 *Years,* 4 *Months,* 15 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give street and number} N 5th Bantalow

*Cause of Death,* First, (Primary,) "Abcess of Liver"

Second, (Immediate,)

*Duration of last Sickness,* 14 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 3rd 1880

*Undertaker,* P C & B Cook

*Place of Business,* No 707 W. Baltimore Street

Geo G. Holyday M. D.
Medical Attendant.

*Address,* Carroll P.O. Balto Co.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 2. 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday Sept 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Mc Anenly

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* about 55 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and number} 34 Binney St

*Cause of Death,* First, (Primary,) Narcotic Poison from Laudanum

Second, (Immediate,) Paralysis of the Diaphram & respiredory muceles

*Duration of last Sickness,* 9 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 3rd 1880

*Undertaker,* James D Byrne

*Place of Business,* No 63 n Front St

J E Richard M. D.
Medical Attendant.

*Address,* 28 O Donnell St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42572. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 BALTIMORE

*Date of Death,* August 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Griffith (Supposed)

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* abt 25 *Years,* *Months,* *Days*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Unknown

*Occupation,* Sailor Sailor

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Unknown

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} Kyman's Wharf Block St

*Cause of Death,* First (Primary.) Drowned

Second (Immediate,)

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,* Sept. 2-1880.

*Undertaker,* P Mullin

*Place of Business,* —

Chas M. Moffit M.D.
Medical Attendant.

*Address,* Canton & Balto

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42573.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1889 BALTIMORE

*Date of Death,* September 2. 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Stewart

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 2 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number} 9 Raynor Court

*Cause of Death* {First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Harp St Cmty

*Date of Burial,* Sept 3

*Undertaker,* John H. Ourcy

*Place of Business,* 225 S Eutaw St *Address,* 206 Sharp St

W. L. Booze *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balt...

Permit No. 42574

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 2 1880 BALTIMORE

*Date of Death,* Aug 30 September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Dora Feuchtle

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 Yrs.

*Place of Death,* {Give street and number.} 140 S. Caroline St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis — Peritonitis

Second, (Immediate.) Ascites

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Louis Crem

*Date of Burial,* Sep. 3d '80

G. L. Watkins M.D.,
Medical Attendant.

*Undertaker,* Mc. Frazer

*Place of Business,* 280 Eastern Ave *Address,* 176 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

SEP 3 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 1880.

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Walter

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Twenty two *Years,* Two *Months,* two *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 353 S. Bond St.

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Do. Do.

*Duration of last Sickness,* Twelve months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemty

*Date of Burial,* Sept 4th

*Undertaker,* H. Foehlich

*Place of Business,* 244 Eastern Av

James Bacon M. D.
Medical Attendant.

*Address,* Cor Argyle ave & Maher St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 42576

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 3. 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam. Paine

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* — *Months,* — *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} St. Joseph's Hospital. Cor Caroline & Hoffman Sts.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Epilepsy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,*

*Undertaker,* P Mullin

*Place of Business,*

John A. Benson M.D.,
Medical Attendant,

*Address,* Custom House, Balto.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Nazarenus

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 60 *Years,* *Months,* *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Labor

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* 94 years

*Place of Death,* {Give street and number.} 70 Russell St.

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Septimber 4th 1880.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St.

L. H. L. Tall M.D.
Medical Attendant.

*Address,* 406 Cross St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2, 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Meyer Nathenner

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 67 *Years,* 11 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Merchant

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 25 Years.

*Place of Death,* { Give street and number } 146 Forest St.

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Dropsy

*Duration of last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* September 3rd 1880

Herman B. Amrod M. D.
Medical Attendant.

*Undertaker,* Wm Elsau

*Place of Business,* 101 Gough St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42579

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, September 2 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Emerick

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 19 Years, 11 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lady

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} 642 S. Chas. St

Cause of Death { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) Abcess of right lung

Duration of last Sickness, Confined last night 24 hrs Immediate

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill cemetery

Date of Burial, Sept-4 80

{ Undertaker, Armstrong & Denny
Place of Business, No 232 Pratt

J Edward Smith M. D.
Medical Attendant.

Address, 329 S Sharp st.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Balti...

Permit No. 42,580

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence M Howell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 18 Randall St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Sept 4th 1880

*Undertaker,* Armiger & Dem

*Place of Business,* 263 Light St

Clarence Cole M.D.,
Medical Attendant.

*Address,* 146 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Wilhelmina Pohlen

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 20 *Years,* 5 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } No 77 N. Carrollton Av

*Cause of Death,* First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) Cerebral Congestion

*Duration of last Sickness,* Four days (Was taken in Pennsylvania Oxford.)

All the above information should be furnished by the Physician.

*Place of Burial,* Balto cemtry

*Date of Burial,* Sep 4th 1880 Christian Johnston M. D. Medical Attendant.

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light st *Address,*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 42582 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Bridicter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 6 *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 4 yr 6 mo

*Place of Death,* {Give street and number.} No 193. Columbia Avenue

*Cause of Death,* First (Primary,) Pertussis Et Typho Malaria

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* September 4th 1889

*Undertaker,* Philipp S. Dill

*Place of Business,* 183 Columbia Av.

T. Edwd Kirby M. D.
Medical Attendant.

*Address* 214 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A Patterson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 16 *Years,* 10 *Months,* ——— *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Sing

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number} # 325 E. Eager St.

*Cause of Death* { First, (Primary,) Inflammation of bowels with peritonitis
Second, (Immediate,) Collapse

*Duration of last Sickness,* about 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 4th 1880

{ *Undertaker,* Geo Schilling
{ *Place of Business,* Ashland Depot

Geo. A. Kortman M. D.
Medical Attendant.

*Address,* # 305 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

*Permit No.* 42584

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 1st, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleonore Juliana Emilia Vogel

*Sex,* ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female

*Age,* 74 *Years,* 4 *Months,* 2 *Days*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

*Occupation,* Nurse

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Osnabrück, Saxony.

*Duration of Residence in the City of Baltimore,* 25 years 2 mos.

*Place of Death,* {Give street and number.} 314 Franklin St.

*Cause of Death,* First (Primary,) Old age,

Second (Immediate,) Exhaustion,

*Duration of Last Sickness,* A year, or more.

All the above information should be furnished by the Physician.

*Place of Burial,* German Lutheran Druidhill

*Date of Burial,* Sept. 3rd 1880.

*Undertaker,* John G. Kahlhoefer

*Place of Business,* 308 Franklin St.

H. Fetterhoff M.D.
Medical Attendant.

*Address,* 205 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42585

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

*Date of Death,* September 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward H. McKeldin

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Female~~

*Age,* Years, 1 Months, 3 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 1d 556 S. Charles St

*Cause of Death* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 4th

*Undertaker,* Lubin Kohler

*Place of Business,* Sharp & Cross St

J. C. Buck M. D.
Medical Attendant.

*Address,* 151 Hanover St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 1. 89

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Williams

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 7 yrs

*Place of Death,* {Give street and number} 18 Raleigh st

*Cause of Death* First, (Primary,) Cerebro Spinal

Second, (Immediate,)

*Duration of last Sickness,* 1 year

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Sept 3rd 1889

*Undertaker,* W. Williams & Sawyer

*Place of Business,* 10 Stockton Alley

Wm E Cochran M. D.
Medical Attendant.

*Address,* 649 E

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

# *Board of Health, City of Baltimore,*

*Permit No.* 42587

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday September 1

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Rosa Baker

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 291 Raborg St.

*Cause of Death* { First, (Primary,) Inanition

Second, (Immediate,) 3 months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Sept the 4th 1880

*Undertaker,* William H Lange

*Place of Business,* 10 Stockton Alley

Dimmitt

M. D.
Medical Attendant.

*Address,* 552 N Fremont St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* September 2d, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Dorsey

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* —— *Years,* Eleven *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore Md,

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} No. 241 Orleans st—

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Convulsions

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Lamel Cemetery

*Date of Burial,* Sept 3rd 1880

Wm H. Clendinen M. D.
Medical Attendant.

*Undertaker,* John W. Feely

*Place of Business,* 519 S. Wolf st

*Address,* No. 102 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 2nd 1889

*Full Names of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno W. & Georgianna Taylor

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 7 *Days.*

*Color,* Col'd

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} E. Oliver St near Bank Lane

*Cause of Death* { First, (Primary,) Spina Bifida
Second, (Immediate,) Lifetime

*Duration of last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Lamel Cemetery

*Date of Burial,* Sept 3rd 1889

*Undertaker,* Chas J Locke

*Place of Business,* 135 Jefferson St

J. Tarrell Martinet M. D.
Medical Attendant.

*Address,* Baltimore & Washington Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42590

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1890 BALTIMORE

*Date of Death,* September 2 1890.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Jones.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Years, 7 Months, Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 10 Ohio St

*Cause of Death* {First, (Primary,) Cramps

{Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 3rd Sept

{*Undertaker,* Wm Perkins Jr & Co

{*Place of Business,* 130 Fenwick av

W. S. Bright M. D.
Medical Attendant.

*Address,* 20 E. Stark St.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3rd 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis McWilliamson

*Sex, Male or Female,* { cross out the word not required in this line. } M

*Age,* 31 *Years,* ..... *Months,* ..... *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } S.

*Occupation,* Baggage Master. B.&O.

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Va

*Duration of Residence in the City of Baltimore,* 7 yrs.

*Place of Death,* { Give street and number } 149 E. Madison St.

*Cause of Death* { First, (Primary,) Typhoid Fever

Second, (Immediate,) .....

*Duration of last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* W. Va

*Date of Burial,* Sept 4th 1880

*Undertaker,* W. H. Hickman

*Place of Business,* 234 N. Gay St.

H. T. Reinecke M. D.
Medical Attendant.

*Address,* 186 Aisquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transcribed 1891

...Physician, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

**Permit No.** 42592

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 2nd Sept 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Edward Johnson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} N. E. cor Schroeder & Pratt Sts

*Cause of Death,* First, (Primary,) Scarlet fever

Second, (Immediate,)

*Duration of last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 4th 1880

*Undertaker,* G. Leinbach

*Place of Business,* 387 E. Pratt St

F. N. Benson M. D.
Medical Attendant.

*Address,* 187 Collins St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 6 BALTIMORE

*Permit No.* 42593

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Morgan

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 15 *Years,* 10 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Apprentice

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} S. E. Cor. Eastern Ave. & Durham St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Ground

*Date of Burial,* Sept. 4th

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond st. 151

James T. [illegible] M. D.
Medical Attendant.

*Address,* 64 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42594

Board of Health, City of Ba...

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenora Ritzlaus

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.* V

*Color,* whit

*Married, ~~Single, Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* during lifetim

*Place of Death,* {Give street and number.} 211 S. Ann Str.

*Cause of Death,* First, (Primary.) Inflammation of liver

Second, (Immediate.) Uraemic convulsions

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* Sept 3 d

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond st 151

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases of Pa...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary F W Polsen

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Male~~ Female

*Age,* 6 yrs *Years,* Four *Months,* ——— *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hughes St No 242

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} Montgomery St No 22

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Chol Infant

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 4th 1880

J J Shultz M. D.
Medical Attendant.

*Undertaker,* Geo H Perkins & Co

*Place of Business,* 130 Henrietta St *Address,* No 200 South Eutaw St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore,

*Permit No.* 4 4 5 9 6 ✓

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 3 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Jane McNally

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 9 *Years,* 3 *Months,* 16 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 625 W Pratt

*Cause of Death,* { First, (Primary,) Second, (Immediate,) } Diphtheria & Scarlatina

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial,* Sep 3rd 1880

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto st Balto. Md.

D Dillard M. D.
Medical Attendant.

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4597

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Kane

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 43 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Black Smith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 1 Month

*Place of Death,* {Give street and number} City Hospital

*Cause of Death* { First, (Primary,) Phthisis
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 4th 1880

*Undertaker,* L. Gallagher

*Place of Business,* North Howard & Lexington Sts. B.C.

J. H. Branham M. D.
Medical Attendant.

*Address,* City Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

*Permit No.* 42598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 24th Sept 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Emmett Deagan

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Butte Mt.

*Duration of Residence in the City of Baltimore,* Since born

*Place of Death,* {Give street and number} No 7 Eutaw St

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) Abortion

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Sept 25th

*Undertaker,* Henry Sander

*Place of Business,* 252 Eastern Av

E. J. Williams *M. D.*
Medical Attendant.

*Address,* 17 Eutaw and 24

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 42599

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Libbie May Crum

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* Three *Years,* Three *Months,* — *Days,*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Washington D C.

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number} 1110 N Central Avenue

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,) Diptheria

*Duration of last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 5 Aug 2 Oclock

*Undertaker,* George C Podesmayr

*Place of Business,* 38 Eutaw St *Address,* 187 W Fayette

A Papendorf M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42600

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Cook, Mother

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. Co.

*Duration of Residence in the City of Baltimore,* 7 days

*Place of Death,* {Give street and number} No. 171 Raburg St.

*Cause of Death* {First, (Primary,) .....
Second, (Immediate,) Trismus Nascentium

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pals Cemetery

*Date of Burial,* Sept 4th 1880

*Undertaker,* L. McKechnie

*Place of Business,* S. Carroll Ave (cave)

Chas. H. Helf M. D.
Medical Attendant.

*Address,* 306 N. Fremont St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Allen

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White

*Sex,* Male

~~*Married*~~, ~~*Single*~~, ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* ~~Merchant~~ No business

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 70 years

*Place of Death,* {Give street and number.} 415 Franklin st

*Cause of Death,* First (Primary,) old age

Second (Immediate,) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 6th 1880

*Undertaker,* Wm Weaver

*Place of Business,* 202 N Eutaw st

J. C. Gibbons M. D.
Medical Attendant.

*Address* 47 Edmondson ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

*Permit No.* 42602 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Russell

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* Black *Sex,*

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Domestic

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Born in City

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number.} 131 Norman's Crt.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis Consumption

Second (Immediate,) Asthenia

*Duration of Last Sickness,* Not known.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 4th 1880

*Undertaker,* Samuel W. Chase

*Place of Business,* S. Howard st

T. B. Byrne *M. D.*
Medical Attendant.

*Address* 207 Maryland Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 3rd

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia A Thurman

*Sex, Male or Female,* { cross out the word not required in this line. } [illegible]

*Age,* — *Years,* — *Months,* 9 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } [illegible]

*Occupation,* [illegible]

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Native

*Place of Death,* { Give street and number } 109 Orchard St

*Cause of Death,* First, (Primary.) Unknown

Second, (Immediate.) Spasms

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 5th 1880

*Undertaker,* Wm H. Bishop

*Place of Business,* 97 Druid Hill Ave

W W Adkinson M. D.
Medical Attendant.

*Address,* 197 Park St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 1216

... to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

No. 42604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

*Date of Death,* Sept 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline L. Klein

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 7 *Months,* 25 *Days.*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Milkwoman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 Years

*Place of Death,* {Give street and number.} 642 Light St

*Cause of Death,* First, (Primary.) Asthma

Second, (Immediate.) Apoplexy

*Duration of Last Sickness,* 15 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cem

*Date of Burial,* Sept. 5th 1880 Saml Chambers M.D.,
Medical Attendant.

*Undertaker,* Calvin Koehler

*Place of Business,* Sharpe & Bro's *Address,* 146 Hanover

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

*Permit No.* 42605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 4 Oclock A.M. September 3. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Grace Hess

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 5 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 84 Augusta St

*Cause of Death,* {First (Primary,) Gastritis (Chronic)} {Second (Immediate,) Convulsions}

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician

*Place of Burial,* Bose. Bose Co

*Date of Burial,* Sept. 5th 1880

Charles H Thomas *M. D.*
Medical Attendant.

*Undertaker,* Henry Hoeck

*Place of Business,* 369 N. Central Av. *Address* 85 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday Sept 1st

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Hardy

*Male or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 2 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland ✓

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } No 75 Fairmount Lane

*Cause of Death* { First, (Primary,) Second, (Immediate,) } Pneumonia

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemetery

*Date of Burial,* Sept. 2/80

*Undertaker,* F. Kachner

*Place of Business,* 50 Glendlow Ave

D Winnett Jones M. D.
Medical Attendant.

*Address,* 573 W Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases of B...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jenkins

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 33 *Years,* — *Months,* — *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Native

*Place of Death,* {Give street and number} No. 59 Chestnut Alley

*Cause of Death,* First, (Primary.) Acute Pulmonary Phthisis

Second, (Immediate,)

*Duration of last Sickness,* About 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 5th 1886

*Undertaker,* Wm. H. Gray

*Place of Business,* 45 Amity

[illegible] M. D.

Medical Attendant.

*Address,* 192 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 E 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 3rd Sept 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jonson

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* Years, 11 Months, 20 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* 9 Month

*Place of Death,* {Give street and number} Cor Esie & Beason St-

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) 7 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sep 5-80

*Undertaker,* Fry & Zeh

*Place of Business,* 424 Broadway Address, Boston & Baltimore

E. N. Janney M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per leceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida A. Russell

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days.*

*Color,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 383 Franklin St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 4

*Undertaker,* C W Blizzard

*Place of Business,* 201 Pratt

J. W. C. Cuddy *M. D.*
Medical Attendant.

*Address,* 383 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimor[illegible]

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

*Permit No.* 42610

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 [illegible] 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Walter

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 1/2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maturity

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Nursery & Child's Hospital

*Cause of Death* First, (Primary,) Mal Nutrition

Second, (Immediate,)

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 4

*Undertaker,* E H Blizzard

*Place of Business,* 201 Pratt

C. F. Ziman M. D.
Medical Attendant.

*Address,* [illegible]

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ropke

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} No 56 Elliott st canton

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* 3 week's

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Gem

*Date of Burial,* Sept. 5th 80

*Undertaker,* W. France

*Place of Business,* 286 Canton Ave

Nicholas L Dashiell M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2nd, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smother

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 15 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 68 Bond St, Fells

*Cause of Death* { First, (Primary,) Typhoid Fever
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 4 W

All the above information should be furnished by the Physician.

*Place of Burial,* St Pauls Cem

*Date of Burial,* Sep. 5th 80

*Undertaker,* M. Thanes

*Place of Business,* 250 Canton Ave *Address,*

J. Hall M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

*Permit No.* 42613

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John F Quinn

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,* Painter

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 24 yrs

*Place of Death,* { Give street and number. } Woodycon St – near Cemetery Lane

*Cause of Death,* { First (Primary,) Injuries received in falling from a Scaffold – Second (Immediate,)

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Catholic Cemetery

*Date of Burial,* Sept 5th 1880

*Undertaker,* Louis F. Derwen

*Place of Business,* N. Eutaw St *Address*

Alexander Hamby M. D.
~~Medical Attendant.~~
Coroner

---

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimor

Permit No. 42614

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelly Connor

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 0 *Years,* 20 *Months,* *Days.*

*Color,* wht

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} — Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 361 Cathedral St

*Cause of Death,* First, (Primary,) meningitis

Second, (Immediate,)

*Duration of last Sickness,* 7 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 5th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

G Lane Tanyhill *M. D.*
**Medical Attendant.**

*Address,* 129 N Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Stansbury

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 42 Lee St

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* About 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 5th 1880

L Knight M. D.
Medical Attendant.

*Undertaker,* Chas. J. Semler

*Place of Business,* 271 N Eutaw *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42616

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Smith

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* — *Months,* — *Days.*

*Color,* Mulatto

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Congenital Hydrocephalus

*Duration of Last Sickness,* 3 Weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* E. Public Cemetery

*Date of Burial,* Sept 5th 1880

*Undertaker,* Patrick Mullin

*Place of Business,* P. Pk Ave

T. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3rd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Chas H. Vinton

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* —— *Years,* —— *Months,* 3 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* ——

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 52 N Washington St

*Cause of Death,* First, (Primary,) Unknown

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 4/80

*Undertaker,* Hug & Bro

*Place of Business,* 54 N Broadway

J. B. Britton M. D.
Medical Attendant.

*Address,* 14 S Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Thomas

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 78 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Penna

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and number} 208 Franklin

*Cause of Death,* First, (Primary.) Bronchitis

Second, (Immediate,)

*Duration of last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Sept. 5th 1880

*Undertaker,* Wm. H. Hickman

*Place of Business,* 284 W. Gay St

J. J. Knight M. D.
Medical Attendant.

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

Permit No. 42619

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson L. Deane

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 16 *Years,* 7 *Months,* 10 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Grocer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 422 Hanover St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Run

*Date of Burial,* Sept 5 - 1880

*Undertaker,* Penny & Mitchell

*Place of Business,* 550 W Fayette St

John Neff M. D.
Medical Attendant.

*Address,* 553 W. Baltimore St

***Extract from Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[67½]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 4 6 2 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 4 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 4th Sept 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie D Hodgkins

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 35 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } Married

*Occupation,* Housewife

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balt City

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* { Give street and number } 46 Glover St 2d

*Cause of Death,* { First, (Primary,) Pulmonary Consumption / Second, (Immediate,) Consumption

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem

*Date of Burial,* Sept 6th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W Fayette St

J H McKee M. D.
Medical Attendant.

*Address,* 28 Glover

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL ST[illegible]

Permit No. 42621

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Mowry

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 yrs *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* 2 yrs.

*Place of Death,* {Give street and number} 40 Hillen St

*Cause of Death* First, (Primary,) Whooping Cough

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 5 1880

[illegible] M. D.
Medical Attendant.

*Undertaker,* Hemsley and Mebben

*Place of Business* 116 Orchard St *Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 4 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Hoffman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Years, 14 Months, Days. 11

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md -

*Duration of Residence in the City of Baltimore,* Lifetime -

*Place of Death,* {Give street and number} No 114 E. Biddle St, City -

*Cause of Death* { First, (Primary,) Indigestion
Second, (Immediate,) Cerebral Meningitis -

*Duration of last Sickness,* Nine days -

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem

*Date of Burial,* Sept 6 '80

{ *Undertaker,* Ahearn
{ *Place of Business,* 26 E Fayette

J. Fussell Mastin M. D.
Medical Attendant.

*Address,* Belvidere Avenue, near Washington Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STA

**Permit No.** 42623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 4 18[illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Catharina Hartman

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* [illegible] *Years,* [illegible] *Months,* 4 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} U S A

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} S E Gorsuch & Guilford

*Cause of Death,* First, (Primary,) Insanition

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphoncius Cemetery

*Date of Burial,* September 5

J. Ridgway Andre M. D.
Medical Attendant.

*Undertaker,* H. W. Macks

*Place of Business,* ~~Gorsuch & Guilford St~~ *Address,* No 121 E Butler st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* August 31st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Bailey

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5 6 *Years,* 4 *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* White Washer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 38 Years

*Place of Death,* {Give street and number} 82 Aisquith St

*Cause of Death,* First, (Primary,) Imagination

Second, (Immediate,) Shock

*Duration of last Sickness,* Four (4) days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 3rd 1886

W W Adkins M. D.
Medical Attendant.

*Undertaker,* John C Davies

*Place of Business,* No 203 E Pratt St

*Address,* 192 Pratt st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 30 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Mayo.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 65 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* House-wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

*Duration of Residence in the City of Baltimore,* 65 yrs.

*Place of Death,* {Give street and number} 152 Tyson St.

*Cause of Death,* First, (Primary,) Suddenly Congested

Second, (Immediate,) Asphyxia

*Duration of last Sickness,* 3 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Hays St. Cemetery

*Date of Burial,* Sept 6. 1880

*Undertaker,* J. Frank Jones

*Place of Business,* 42 E. Pratt St.

J. H. Buchanan M. D.
Medical Attendant.

*Address,* City Hospital

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42626

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 5 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Sept 3 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Renie Breasseur

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 2 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Belgium one week

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} No 9 S. Henry St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) .....

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedarhill Cemetery

*Date of Burial,* Sept 5 80

*Undertaker,* Hutchinson & Dunn

*Place of Business,* 1812 E Lombard

H. B. Noble M.D.,
Medical Attendant.

*Address,* 17 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 42627

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 30 BALTIMORE

*Date of Death,* Sept 3. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Heffelcorn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 43 Candleush

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* Sept 5th

*Undertaker,* F. V. Bell

*Place of Business,* 131 Hanover St

Herbert Coles M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 42628

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 5 30 1 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. K. Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 630 Light St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Malarial Fever

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Fremont Cemetery

*Date of Burial,* September.

*Undertaker,* B. Hanle

*Place of Business,* 411 Light Street

H. Gordon Cook M.D.,

Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 42629

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 5 30 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Damas M. Forberger

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } B. C.

*Duration of Residence in the City of Baltimore,* a Nut

*Place of Death,* { Give street and number. } 19 Weber St

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Collapse

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* September 5

*Undertaker,* B Maile

*Place of Business,* 411 Light St.

R. H. P. Elles *M.D.,*

Medical Attendant.

*Address,* 815 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Ivory

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 57 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and number} City Hosp.

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Diphtheria 4 mos

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 6th 1880

*Undertaker,* Joseph F Boyce

*Place of Business,* 59 n Liberty

J H Buchan M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard John Drew

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 5 y *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number} 99 Camden St

*Cause of Death* { First, (Primary,) Second, (Immediate,) } Spasms & Apoplexy 12 hours

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 6th 1880

*Undertaker,* Joseph J Byrne

*Place of Business,* 5 9 n Liberty

Geo. H. Benson M. D.
Medical Attendant.

*Address,* 44 Hanover St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 4 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Dotson

*Sex, Male or Female,* {cross out the word not required in this line.} M

*Age,* Years, 6 Months, 1 Days.

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore (Burgundy alley)

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 5 Aisquith Street

*Cause of Death* First, (Primary.) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* September 5th 1880

W. S. Booze M. D.
Medical Attendant.

*Undertaker,* H. Eccles & Son

*Place of Business,* 25 Commerce *Address,* 296 Shamper

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42633

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Persephinus S. Thomas.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* Two *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 107 Elbow Lane.

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 107 Elbow Lane.

*Cause of Death,* First, (Primary,) Non-closure of foramin ovale.

Second, (Immediate,) Cyanosis.

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw's Methodist

*Date of Burial,* September 5th

A. G. Natte, M. D.
Medical Attendant.

*Undertaker,* Hercules Boss

*Place of Business,* Pennsylvania Ave.

*Address,* 106 Columbia st.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 5 BALTIMORE.

*Date of Death,* September 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie B. Vail

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* ~~ ~~ *Years,* 11 *Months,* 20 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* ~~ ~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} ~~Born~~ Life Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number} 39 Fawn St

*Cause of Death,* First, (Primary,) Dentition

Second, (Immediate,) Spasms

*Duration of last Sickness,* a few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 6th 1880

W. J. A. Kemp M. D.
Medical Attendant.

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St *Address,* 55 N. Frame St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42635 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT SEP 5 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur G. Christopher

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1 *Days.*

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 622 W Fayette

*Cause of Death* {First, (Primary,) ; Second, (Immediate,)} Premature at birth

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 6th 1880

*Undertaker,* Denny & Hitchcock

*Place of Business,* 337 W Fayette

Thos Shearer M. D.
per H. L. Grimes MD. Medical Attendant.

*Address,* 97 Elias St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 01 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Dennis Lee

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* Tailor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} St. Marys Co Md

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 29 Guilford Av

*Cause of Death* {First, (Primary,) / Second, (Immediate,)} Chronic Pneumonia

*Duration of last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Sept 5th 1880

Geo H. Benson M. D.
Medical Attendant.

*Undertaker,* Geo W. Perkins

*Place of Business,* 130 Hennetta St

*Address,* 144 Hanover St Md

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 42637

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lizzie McClernan

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Thirty-three *Years,* One *Months,* Fifteen *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number} 103 N Bradford Ave

*Cause of Death,* First, (Primary,) Apoplexy

Second, (Immediate,) Two hours

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Sept 7th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 1476 Druid Hill Ave

D L Roden *M. D.*
Medical Attendant.

*Address,* 97 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

No. 42,638

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42,638

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Loretta Henderson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 1 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 15 Orleans St

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Marasmus

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 5th 1880

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St

J J Grove M. D.
Medical Attendant.

*Address,* 137 Orleans St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44639

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 01 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 3rd, 1901.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Eichler Sommer

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* One *Years,* 2 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Baby

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} 21 Park Ave

*Cause of Death* {First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 6th

*Undertaker,* J. Weidemeyer

*Place of Business,* 518 W Balt St

H. Mowe M. D.
Medical Attendant.

*Address,* 5 Franklin St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 5 1 0 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Stumpf

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* Wh *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 196 Rotary.

*Cause of Death,* First (Primary,) Tubercular Pneumonia.

Second (Immediate,)

*Duration of Last Sickness,* one wk

All the above information should be furnished by the Physician.

*Place of Burial,* Dolph St Cemetery

*Date of Burial,* Sept 5

*Undertaker,* Wm Krumgen

*Place of Business,* 62 Exeter St

H. C. Wilhelm M. D.

Medical Attendant.

*Address* Fayette & Pine

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42641

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 C 0 If BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 2 — 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Brown

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 84 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Wood Carter

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Kent Co Md 60 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 217 S Howard St.

*Cause of Death,* First (Primary,) Old age

Second (Immediate,) Senile

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Meander

*Date of Burial,* Sept 6 1880

*Undertaker,* J S Wchase

*Place of Business,* 19 E Howard st

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover & Barre Sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42642

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Blake

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* abt 45 *Years,* 6 *Months,* *Days*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Unknown

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give street and number.} Wells Wharf foot of Bond St

*Cause of Death,* First (Primary,) accidentally drowned

Second (Immediate,) Sudden Death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,* September 4

*Undertaker,* Patrick Mullin

*Place of Business,*

Chas M. Wolfe M.D.

Medical Attendant.

Coroner

*Address,* 67 E Bath St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4 — 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schneider

*~~Sex, Male or~~ Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Balto St

*Cause of Death,* First, (Primary.) Cholera infantum

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Sept. 6 1880

*Undertaker,* Henry Sauer

*Place of Business,* 1908 Aliceanna St *Address,* 241 E. Balto

F. Fuhrer M. D.
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death or said funeral, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edmund (and Mary) Eagleston

*Sex, Male or Female,* {cross out the word not required in this line.} (Twins)

*Age,* ..... *Years,* ..... *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 71 Castle Street

*Cause of Death* { First, (Primary,) Premature Labor
Second, (Immediate,) General Exhaustion

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 6th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S Broadway

Milton A Fowler M. D.
Medical Attendant.

*Address,* Broadway & Fleet Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to urnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- ing forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42645

HEALTH DEPARTMENT SEP 6 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Eagleton

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} (Twin)

*Age,* ——— *Years,* ——— *Months,* 5 *Days.*

*Color,* white *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 71 N. Castle St

*Cause of Death,* First (Primary,) Premature Labor

Second (Immediate,) Gen'l. Exhaustion

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery James A Shaw M. D.

*Date of Burial,* Sept 6th 1880 ~~Medical Attendant~~

*Undertaker,* Denny & Mitchell *Address* Registrar

*Place of Business,* 65 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Copy

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 21 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} No 823 Shakespeare St

*Cause of Death* { First, (Primary,) Typhoid Fever
Second, (Immediate,)

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Sept 7th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

*Address,*

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4426 47

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sherwood

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 12 Warner Street

*Cause of Death* { First, (Primary,) Tuberculosis Meningitis
, { Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 6th

*Undertaker,* Henry Brice

*Place of Business,* Hanover St 81

Marbury Brewer M. D.
Medical Attendant.

*Address,* 68 W Lexington St

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 42648

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Sept 4. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Fenteres

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~34~~ 28 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Minister of the Gospel

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} ~~Md.~~ Maryland

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and number.} 141. Shirley St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 6th 1880

*Undertaker,* R. A. Kennedy

*Place of Business,* Aisquith & North Address, 146 Hanover St

Harrison Cotton M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

*Permit No.* 42649

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1890

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann A Thomas

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 27 *Years,* ____ *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Housekeeping

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md

*Duration of Residence in the City of Baltimore,* Baltimore

*Place of Death,* { Give street and number } 96 Dover Street

*Cause of Death,* First, (Primary,) Rheumatic fever, et Emotional Excitement

Second, (Immediate,) Apoplexy, followed by Paralysis

*Duration of last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 6 1890

*Undertaker,* S Wheeler

*Place of Business,* 198 Monroe St

L. D. DYER M. D. *M. D.*
Medical Attendant.

*Address,* 146 Hill St.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[0748.]

Permit No. 42650

Board of Health, City of [illegible]

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Dorenberg

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* 3 *Months,* 27 *Days.*

*Color,* white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* none particular

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* unknown

*Place of Death,* {Give street and number.} N. 157 Conway St.

*Cause of Death,* First, (Primary.) Gangraina senilis

Second, (Immediate.) the same

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* Sept. 7

*Undertaker,* Walter Sumwalt

*Place of Business,* 212 W. Bal[illegible]

Mary Salzer *M.D.,*
Medical Attendant.

*Address,* 165 W. Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Septr. 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Hinton

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 96 Hillen st Balt Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 96 Hillen st

*Cause of Death* { First, (Primary,) / Second, (Immediate,) Convulsions

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 6th 1880

{ *Undertaker,* Geo Schilling
{ *Place of Business,* Ashland Square

A. J. Coyne M. D.
Medical Attendant.

*Address,* 134 N Pine st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B.

# Board of Health, City of Baltimore.

Perm● No. 44652

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 2d 1890.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Keenan

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Years, 1 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 1068 E. Baltimore St

*Cause of Death* { First, (Primary,) Spasms

Second, (Immediate,)

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* September 6th

*Undertaker,* W. Clarke & Son

*Place of Business,* 64 E. Balto St

*Address,*

M. D.
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

*Permit No.* 42653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Virginia Dorsey

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 6 weeks *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 5 weeks

*Place of Death,* {Give street and number} 5 Jane between Lombard & Pratt

*Cause of Death,* First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,) .....

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pauls Cemetery

*Date of Burial,* Sept 6th 1880

*Undertaker,* H. A. Kirchner

*Place of Business,* S. Carrollton Ave *Address,* 268 Saratoga St

Robt Boyd *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno McGarity

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 12 yrs

*Place of Death,* { Give street and number. } 3 Falls Road

*Cause of Death,* { First (Primary,) Heat. and Liquor / Second (Immediate,) }

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 6th 1880

Alexander Insley M. D.
Medical Attendant.

{ *Undertaker,* James & Byrne
*Place of Business,* No 63 & 63 n Gron14 } *Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42655

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Emory

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* 7 *Days.*

*Color,* Black

*Married, Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Whole Life

*Place of Death,* {Give street and number} No 4 Donellys Court

*Cause of Death* { First, (Primary,) Convulsions
Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetery

*Date of Burial,* Sept 6 1880

*Undertaker,* Chas J Locke

*Place of Business,* 18 Jefferson St

Silas N. Hunter M. D.
Medical Attendant.

*Address,* 36 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 5th. September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Hohmann

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~

*Occupation,* ~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* {Give street and number} S. Chapel St. 18.

*Cause of Death* {First, (Primary,) Cholera Infantum

{Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 6th 80

*Undertaker,* M. Franer

*Place of Business,* 280 Canton Ave

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe & Ill

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42657

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 3rd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Italburgia Belz

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 7 *Years,* 10 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 166 S Madeira Al.

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.)

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 6th 80

*Undertaker,* M. Thanor

*Place of Business,* 200 Canton Ave

Samuel C. H. Shane M. D.
Medical Attendant.

*Address,* 1 S. Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible], J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } James Gradien

*Sex, Male or ~~Female,~~* { Cross out the word not required in this line. }

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* white *Sex,* Male

*Married, ~~Single, Widow or Widower,~~* { Cross out the words not required in this line. }

*Occupation,* Teamster

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 12 yrs.

*Place of Death,* { Give street and number. } Truxton st near Sol

*Cause of Death,* { First (Primary,) Exposure – Intemperance –
Second (Immediate,) }

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery *Attended* Alexander Tinsley M. D.
~~Medical Attendant.~~

*Date of Burial,* Sept 6 th Corner

*Undertaker,* H. C. Wiedefeld *Address*

*Place of Business,* 90 Greenmount av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Klingelhoeber

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.}

*Age,* ..... *Years,* 17 *Months,* ..... *Days.*

*Color,*

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 311 E. Monument-n-

*Cause of Death* {First, (Primary,) Scarlet Fever

{Second, (Immediate,)

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Sol Paulus Cemetery

*Date of Burial,* Sept 6th 1880

*Undertaker,* Caspar Eckhard

*Place of Business,* 269 Central Ave

Wm. E. Russell M. D.
Medical Attendant.

*Address,* Broadway & Madison-n-

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Permit No. 42660

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 2th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bates

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days.*

*Color,* Whit

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 47 Years

*Place of Death,* {Give street and number.} 93 Forest

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery.

*Date of Burial,* September 6th

*Undertaker,* B. Harla.

*Place of Business,* 411 Light St.

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Warner St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Lee

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* — Years, Seven Months, — Days.

*Color,* Black

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto city.

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give street and number.} No 181 Dover St

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Marasmus

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Lamel Cemetery

*Date of Burial,* Sept 6th 1880

{*Undertaker,* / *Place of Business,*} Wm R. Dunger Cor E

H A Nelson M.D.
Medical Attendant.

*Address* Lombard & Kenwood S.E.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 42662 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Bartels

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* Five (5) *Months,* Twenty four (24) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 49 N. Castle St

*Cause of Death,* First, (Primary.) Pertussis

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* Six (6) Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Sept 7th 1880

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave

Wm Blum M.D.,
Medical Attendant.

Address, Bayer & Caroline Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE**

HEALTH DEPARTMENT SEP. 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Marian Tasker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 *Months,* 5 *Days.*

*Color,* White *Sex,* Female

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 71 S. Central Av

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* Sept. 6. 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

Wm N. Hill M. D.
Medical Attendant.

Address 466 E. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} St Elmo Fulton

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 1/2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Nursery & Child's Hospital

*Cause of Death* { First, (Primary) Mal-Nutrition
Second, (Immediate) Exhaustion from Burns

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 6

C. F. Brown *M. D.*
Medical Attendant.

*Undertaker,* E. W. Blizzard

*Place of Business,* 207 Park Ave *Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 5th September 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor Addison Dail.

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* Seventeen (17) *Years,* ..... *Months,* ..... *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 187. Bolton St. Baltimore

*Cause of Death,* First, (Primary.) Remittent fever.

Second, (Immediate,) Basilar Effusion

*Duration of last Sickness,* about two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Yard

*Date of Burial,* 8th Sept 1880 | McCleanBibler M. D.
Medical Attendant.

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St. | *Address,* 47 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 5th September 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward F. Foster.

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* Sixty two *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Sailor

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Burlington Iowa

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* { Give street and number } 408 W. Fayette St.

*Cause of Death,* First, (Primary.) (Better say "unknown")

Second, (Immediate,) Heart Trouble (As I saw him just a little

*Duration of last Sickness,* last moment, I could not be any position)

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* September 7th, 1880

*Undertaker,* Thos. S. Hughes

*Place of Business,* 60 E. Baltimore St. *Address,* 425 W. Fayette St.

N. W. Littell M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42667

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 6. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Calley

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 36 *Years,* 6 *Months,* *Days.*

*Color,* White.

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Rail Road Conductor.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 2 months.

*Place of Death,* {Give street and number} 62 Fawn St.

*Cause of Death* First, (Primary,) Consumption.

Second, (Immediate,)

*Duration of last Sickness,* 20 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Phila. Penn

*Date of Burial,*

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 95 E Baltimore St

I. W. Hinck M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1893 Burial

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Edward Sowers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* ——— *Days.*

*Color,* White *Sex,* ———

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 53 Parkin St

*Cause of Death,* First (Primary,) Marasmus

Second (Immediate,) "

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 7th 1880

*Undertaker,* Geo Leinbach

*Place of Business,* 389 W. Pratt St

J. Ahern M. D.

~~Medical Attendant~~

*Address* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Exam by D. V. Fitzpatrick

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14669

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Holland

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Dairyman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number} Philadelphia Road. City Limits

*Cause of Death,* First, (Primary,) Malarial Fever.

Second, (Immediate,)

*Duration of last Sickness,* 6 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* September 7th 1880

*Undertaker,* John Doke

*Place of Business,* 161 E Balto St

E. W. Pansey M. D.
Medical Attendant.

*Address,* Boston & Patterson Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42670

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

*Date of Death,* September 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miriam Estlack

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 64 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Shoe-maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} New Jersey

*Duration of Residence in the City of Baltimore,* Thirty-five years

*Place of Death,* {Give street and number} 95 Jefferson St

*Cause of Death* {First, (Primary,) Consumption

{Second, (Immediate,)

*Duration of last Sickness,* About seven months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 7th 1880

*Undertaker,* John Lasse

*Place of Business,* 161 E. Balto St

Miles N. Taylor M. D.
Medical Attendant,

*Address,* Broadway & Eutaw

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42671

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eggie Boaton

~~Boy, Male~~ or *Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* 1 *Months,* 5 *Days.*

*Color,*

*Sex,* Female

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} No 7 Lorena Alley

*Cause of Death,* First (Primary,) Asthenia

Second (Immediate,) "

*Duration of Last Sickness,* one Week

All the above information should be furnished by the Physician.

*Place of Burial,* Lamb Cemetery

*Date of Burial,* Sept 6/80

*Undertaker,* E. Lorman

*Place of Business,* Pratt St

M. D.

~~Medical Attendant~~

*Address* Corner of Hearts and Rogers Lane

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Jas. V. Fitzpatrick

[OVER.

Board of Health, City of Baltimore,

Permit No. 42672 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* September 5. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Boucher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* 2 *Months,* 16 *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Cigar Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bierfelt Germany - 26 yrs in U. States

*Duration of Residence in the City of Baltimore,* 26 yrs.

*Place of Death,* {Give street and Number.} 44 N. Castle st.

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* .....

*Date of Burial,* .....

*Undertaker,* .....

*Place of Business,* .....

J. H. Collenberg M. D.,
Medical Attendant.

*Address,* 369 E. Baltimore st,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

† See following Certificate

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Boucher

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 51 *Years,* 2 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Segar Maker

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Bierfelt, Germany – 26 yrs. in U. States

*Duration of Residence in the City of Baltimore,* 26 yrs.

*Place of Death,* {Give street and number} 44 N. Castle St.

*Cause of Death* { First, (Primary,) Paralysis
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 6th

*Undertaker,* John Heaney.

*Place of Business,* 382 Central Ave

J. H. Collenberg. M. D.
Medical Attendant.

*Address,* 357 N. Broadway

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42673

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* September 6 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Webster

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 14 *Years,* 3 *Months,* 21 *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Somerset Co Md

*Duration of Residence in the City of Baltimore,* 12 Months

*Place of Death,* {Give street and number.} 459 East Lombard

*Cause of Death,* First, (Primary.) Ty Pho Malarial Fever

Second, (Immediate.)

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dale Church Somerset Co Md

*Date of Burial,* 2 Sept 1880

*Undertaker,* M. A. Dugan

*Place of Business,* [illegible]

H. B. Stokes M.D.,
Medical Attendant.

*Address,* 17 Harrison av

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Form 1894

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Frederica Wilson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 11 *Months,* 18. *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 350 Canton Ave

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 350 Canton Ave

*Cause of Death,* First, (Primary,) Jaundice, Dentition, Intestinal Inflam.

Second, (Immediate,) Internal convulsions.

*Duration of last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Batto. cemetery

*Date of Burial,* Sept 9th 1880

A. V. Gosweiler M. D.
Medical Attendant.

*Undertaker,* E. Lex

*Place of Business,* 84 & 86 Bank St

*Address,* 144 S. Ann St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Curran

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Porter

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* { Give street and number } 56 King St near Pratt

*Cause of Death* { First, (Primary,) Consumption

Second, (Immediate,) Lung trouble

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 7th 1880

Chas O'Donovan M. D.
Medical Attendant.

{ *Undertaker,* Joseph F Payne

{ *Place of Business,* 59 n Liberty *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42676

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 5, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Willie H. Melchias.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* ~~4~~ 1 *Months,* ~~4~~ *Days.*

*Color,* White *Sex,* Male

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 321 Mulberry St Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 676 Lexington St

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,)

*Duration of Last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery.

*Date of Burial,* Sept 7th "

*Undertaker,* P. N. Boll.

*Place of Business,* 131 Hanover St.

B. L. Herman M. D.

Medical Attendant.

*Address* 175 N Carey St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42677

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 6th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Odell Hartman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Years, 9 Months, 21 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 104 Hollen Street

*Cause of Death* First, (Primary,)

Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 7th

Chas. H. Nefft M. D.
Medical Attendant.

*Undertaker,* P. H. Rusera

*Place of Business,* 20 E. Pratt

*Address,* 306 N. Gaylord Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 42678

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 1.40 am Sep 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William S. Myers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* About 35 *Years,* ——— *Months,* ——— *Days.*

*Color,* Dark *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Hostler

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number.} Balto City jail

*Cause of Death,* First (Primary,) ...

Second (Immediate,) Pulmonary Consumption

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* East Pub Cemetery

*Date of Burial,* Sept 7th 1880

D. S. Hoffman *M. D.*
Medical Attendant.

*Undertaker,* Patrick Mullin

*Place of Business,* E. Park ave *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

*Permit No.* 42679

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7 ber 6th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Kelly

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 65 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } Asylum of the Little Sisters of the Poor 1011 John and Valley Sts

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* 7 ber 7th 1880

*Undertaker,* Henry Thelthein

*Place of Business,*

Wm. Brooke Boyle M. D.
Medical Attendant.

*Address,* 166 E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E Anderson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 0 *Years,* 3 *Months,* 0 *Days.*

*Color,* Dark brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give street and number} 29 Union st.

*Cause of Death* First, (Primary,) Unknown

Second, (Immediate,) Scrofula

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 7th

*Undertaker,* Wm E Whitehead

*Place of Business,* 17 Druid Hill Ave

F F Bohm M. D.
Medical Attendant.

*Address,* Cor Rose & Dolphin st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4268

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Roche

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} Collins Court.

*Cause of Death* First, (Primary,) Cholera Infantum

Second, (Immediate,) Duration

*Duration of last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem[illegible]

*Date of Burial,* Sept 7th 1880

*Undertaker,* Peter Kimmel

*Place of Business,* Mulberry St

John L Pennington M. D.
Medical Attendant.

*Address,* 184 N Carrollton Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sam Dixon

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* about 65 *Years,* ——— *Months,* ——— *Days.*

*Color,* Brown Skin woman

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and number} 20 S Fayette (35 Saratoga)

*Cause of Death* First, (Primary,) Pleurisy

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* East Pub Cemetery

*Date of Burial,* Sept 7th 1880

*Undertaker,* Patrick Mullins

*Place of Business,* 2 P K ave

Jno A Irwin M. D.
Medical Attendant.

*Address,* 185 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12683

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan F. Goodrick

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 1 *Months,* 17 *Days.*

*Color,* White *Sex,* F

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 126 Myrtle Ave

*Cause of Death,* First (Primary,) Phthisis.

Second (Immediate,) Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* Sept 8th 1880

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

Edward Smith M. D.
Medical Attendant.

*Address* 45 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Miller

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* ——— *Months,* ——— *Days.*

*Color,* white *Sex,* ———

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 175 N. Bethel St

*Cause of Death,* First (Primary,) Sanitation

Second (Immediate,) Diarrhoea

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 8 1880

*Undertaker,* L. D. Roesing

*Place of Business,* Orleans St

James A. Stewart M. D.

~~Medical Attendant~~ Phy. Attend.

*Address* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Exam by Jas P. Smith

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42685

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ino Conner

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* {First (Primary,) Mitral – Emysepelas

{Second (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. P. Cemetery

*Date of Burial,* September 7

{*Undertaker,* Patrick Mullin

{*Place of Business,*

Alexander Insley M. D.
Medical Attendant.

*Address* Conner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 412686

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Priscilla Wells

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 2 months

*Place of Death,* {Give street and number.} 6 S. Dallas St

*Cause of Death,* First (Primary,)

Second (Immediate,) Senile decay

*Duration of Last Sickness,* one year

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery James A. Stuart M. D.

*Date of Burial,* Sept 7th 1880 Medical Attendant.

*Undertaker,* Thos. D. Locke

*Place of Business,* Orleans St *Address* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Exam by George E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Grape,

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* One *Years,* Five *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None,

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} Cor Ohio & Washington Sts

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion,

*Duration of last Sickness,* Two Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Cemetery

*Date of Burial,* Sept 7th 1880

E. F. Snyder *M. D.*
Medical Attendant.

*Undertaker,* Peter Prey

*Place of Business,* 91 Exeter Av *Address,* 122 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42688

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 4th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Richardson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 19 Plant Alley

*Cause of Death* { First, (Primary.) Hydrocephalus
Second, (Immediate.) Asthenia

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* 8th September

*Undertaker,* J. Davis

*Place of Business,* 163 Lee Street

U S Bodge *M. D.*
Medical Attendant.

*Address,* 206 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42689

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 6. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lu Kuon

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} boy born alive

*Age,* ~~Years,~~ Nine tenths ~~Months,~~ Twenty-Days

*Color,* Black *Sex,* Female

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Rooms on Vacant Lot - Laurens St

*Cause of Death,* First (Primary,) near Fielden Ave

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemetery

*Date of Burial,* Sept. 6/80

*Undertaker,* F. Akerhurst

*Place of Business,* 50 S. Carrollton Ave

Alexander Insley M. D.
Medical Attendant.

*Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Was not Named

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Parents Names - Daniel & Agnes Fisher

*Age,* ..... *Years,* ..... *Months,* Three *Days.*

*Color,* Mulatto *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 6 Jenkins Alley

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 6 Jenkins Alley

*Cause of Death,* First (Primary,) .....

Second (Immediate,) Convulsions

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Lorraine County

*Date of Burial,* Sept 7th

*Undertaker,* Whitehurst

*Place of Business,* 27 Druid Hill Ave

S K Merrick M.D.
Medical Attendant.

*Address* 131 Wilkie St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 12691

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Herve

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ 4 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

*Duration of Residence in the City of Baltimore,* 8 days

*Place of Death,* {Give street and number} # 11 Nicholson St. Locust Point.

*Cause of Death,* First, (Primary,) Cholera Infantum followed

Second, (Immediate,) by convulsions.

*Duration of last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Evangelic Cem.

*Date of Burial,* Sept 7th

*Undertaker,* H. Cenny Lanier

*Place of Business,* 252 Linton ave.

John H. Kelbergen M. D.
Medical Attendant.

*Address,* # 243 Alice Anna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42692

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J Williams Dubrittain (Parents

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/4 *Days.*

*Color,* White *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 27 Stockton St

*Cause of Death,* {First (Primary,) Premature Birth
Second (Immediate,) Asthenia

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemy

*Date of Burial,* Sept 7th 1880

*Undertaker,* Walter Dunnel

*Place of Business,* Biddle St

James A. Stewart M. D.
~~Medical Examiner~~
Bur. of Health

*Address* Comm of Health & Registration

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by Geo E. Brown

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 12693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Virginia & Thos B. Locks

*Sex,* ~~Male or Female,~~ { Cross out the word not required in this line. } Twin (Parents)

*Age,* —— *Years,* —— *Months,* 2 *Hours Days.*

*Colored.* —— *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth) } Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* { Give street and number. } 16 N Pine St

*Cause of Death,* { First (Primary,) / Second (Immediate,) } asthenia

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 7th 1880

*Undertaker,* P. Kummert

*Place of Business,* Mulberry St

James A. Stuart M. D.

*Address* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Exam by D. V. Fitzpatrick

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catherine Pennington

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland All her life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Cor Franklin & Fulton Sts

*Cause of Death,* First, (Primary,) old age

Second, (Immediate,) Debility

*Duration of last Sickness,* Three Years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Sept 8th 1880

*Undertaker,* John L Wooden

*Place of Business,* No 150 Eastern Ave

J. R. Chilcoat M. D.
Medical Attendant.

*Address,* 234 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia & Thos B. Locks (Twins) Parents

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/2 *Days.*

*Color,* colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 161 Vine St

*Cause of Death,* First (Primary,)

Second (Immediate,) asthenia

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 7th 1880

*Undertaker,* P. Kummert

*Place of Business,* Mulberry St

James A. Stewart M. D.

~~Physician~~

*Address* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Examd by D. V. Fitzpatrick

# Board of Health, City of Baltimore,

*Permit No.* 42696

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 7 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily Webb

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 16 *Months,* ..... *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 256 West St.

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Pertussis 6 weeks

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Lamil Cemetery

*Date of Burial,* Sept 8

*Undertaker,* Hercules Ross

*Place of Business,* 15 Conway St

L. M. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

SEP 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 6. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Patrick Williams

*Sex, Male or ~~Female,~~* { Cross out the word not required in this line. }

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower,~~* { Cross out the words not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* { Give street and number. } 5-10 Druid Hill Av

*Cause of Death,* { First (Primary,) Bilious Pneumonia
Second (Immediate,) Congestive Chill-
3 weeks.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Sept 8th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St *Address* 386 Druid Hill Av

Alexander Tinsley M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 42698

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 8.[illegible] 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 5th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Bachman

*Sex, ~~Male~~ or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 140 S. Caroline

*Cause of Death,* First, (Primary.) Emphysema pulmonum

Second, (Immediate.) Paralysis pulmonum

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Com

*Date of Burial,* Sep. 8th '80

*Undertaker,* W. Evans

*Place of Business,* 220 Caroline Ave *Address,* 247 E. Baltimore

F. Hatch M.D.,
Medical Attendant

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 6 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McNulty

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* {First, (Primary,) Sun Stroke

{Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* September 8, 1880

JNESH M. D.
Medical Attendant.

*Undertaker,* Matthew Coleman

*Place of Business,* 127 Hudson St. *Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42711

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 7 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Cosgrove

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 210 Canton. av.

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.)

*Duration of Last Sickness,* 3 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem.

*Date of Burial,* Sept. 9th 80

*Undertaker,* Mc. Frances

*Place of Business,* 280 Canton ave *Address,* 117 S Broadway

R. W. Mansfield M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 42701

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fisher

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Machinist

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 75 Eastern ave

*Cause of Death,* First, (Primary.) Acute Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 9th 1880

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern ave

Geo B Rowe M.D.,
Medical Attendant

*Address,* S.E. cor Monument & Caroline

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7th September 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Elliott.

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* ____ *Years,* Six (6) *Months,* ____ *Days.*

*Color,* Black.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* ~~~~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore.

*Duration of Residence in the City of Baltimore,* Life-time.

*Place of Death,* { Give street and number } No 15 Seven's alley.

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Cholera Infantum.

*Duration of last Sickness,* Including the Marasmus more than a month.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* Sept 8 1880

*Undertaker,* John L Jones

*Place of Business,* No 60 Pratt

Wm Duncan Bibler M. D.
Medical Attendant.

*Address,* 47 Franklin St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7/80.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma A Wright

*Sex, ~~Male or~~ Female,* { Cross out the words not required in this line. } Female

*Age,* 35 *Years,* *Months,* *Days* ✓

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. } Single

*Occupation,* None

*Birthplace,* { State or country (and how long in United States, if of foreign birth.) } Baltimore co, Md

*Duration of Residence in the City of Baltimore,* two years

*Place of Death,* { Give street and number. } 418 N Eutaw St.

*Cause of Death,* { First (Primary,) Phthisis Pulmonalis

Second (Immediate,) "

*Duration of Last Sickness,* about a year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 9/80

*Undertaker,* Llewellyn Mann

*Place of Business,* 35 Pratt

H. K. Fetterhoff *M. D.*
Medical Attendant.

*Address,* 205 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7th Sept 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Bringe

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* Eight *Years,* Four *Months,* Twenty eight *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* About Four years

*Place of Death,* { Give street and number } 518 Lee St

*Cause of Death,* { First, (Primary.) Old Age

Second, (Immediate,) Apoplexy

*Duration of last Sickness,* Death Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 9

*Undertaker,* John W Weaver

*Place of Business,* 12 E N Read St

D G Rider M. D.
Medical Attendant.

*Address,* 87 Mulberry St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. MOLONY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8. 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch McNeal

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* Nine *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 240 South Paca Street

*Cause of Death* { First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Butlers Cemetery

*Date of Burial,* Sept 8

*Undertaker,* J B Cook

*Place of Business,* 707 W Fayette *Address,* N W Cor Fayette & Eutaw

N. C. Fox M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42706 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Barron

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* — *Days.*

*Color,* Col'd

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 203 E Fayette

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Oedema glottidis

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* Sept 9th

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Ave. *Address,* 245 E. Baltimore

J. Hutchison M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 12707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Peter Baer

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* *Years,* 12 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 28 N Spring st

*Cause of Death* First, (Primary,) Teething

Second, (Immediate,) Convulsions

*Duration of last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 9

*Undertaker,* John Lewis

*Place of Business,* 386 Orleans str

Milton A Fenby M. D.
Medical Attendant.

*Address,* Mrs Eubert Fenby

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Wist

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* 6 *Months,* 4 *Days.*

*Color,* Colored *Sex,* Female

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* House Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} 29 Union street

*Cause of Death,* First (Primary,) ....

Second (Immediate,) Apoplexy

*Duration of Last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* ~~Laurel~~ Loudon Park Cemetery

*Date of Burial,* Sept 6th

*Undertaker,* Wm H Bishop.

*Place of Business,* 271 West Baltimore

Frank W Gamon M. D.
Medical Attendant.

*Address* 187 Saratoga st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* One *Years,* 9 *Months,* 0 *Days.*

*Color,* Light Copper

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 19 months

*Place of Death,* {Give street and number} No 12 Parrish St

*Cause of Death* { First, (Primary,) Unknown / Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shorpe St Cemetery

*Date of Burial,* Sept 9 1880

*Undertaker,* Wilson Monger

*Place of Business,* No 62 East St

B F Bohrer M. D.
Medical Attendant.

*Address,* Cor Druid Hill and Dolphin sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ray

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md. Calvert Co

*Duration of Residence in the City of Baltimore,* Five yrs -

*Place of Death,* {Give street and number} Ramsh alley near Winchester st

*Cause of Death* First, (Primary,) Malaria -

Second, (Immediate,) Typhoid Fever -

*Duration of last Sickness,* Five weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 6 1880

*Undertaker,* William Lange

*Place of Business,* No 62 Eutaw st

J Harvey Steele M. D.
Medical Attendant.

*Address,* 119 Edmondson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death; except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H A Johns

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* not Known

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* 6 weeks,

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* First, (Primary,) [redacted] Typhoid Fever

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 5 WEEKS

All the above information should be furnished by the Physician.

*Place of Burial,* W's Pub Cemetery

*Date of Burial,* Sept 8/80

*Undertaker,* H A Kershner

*Place of Business,* 50 Hamilton Ave

F WEST *M. D.*
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie B. Hicks

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Md.

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and number} No 16 Parish Alley

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 9th 1880

*Undertaker,* Mr Dugan

*Place of Business,*

McKenzie M. D.
Medical Attendant.

*Address,* Stirling Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42713

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hunt

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* Twenty Seven *Years,* Five *Months,* —— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Domestic

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give street and number} No 202 Chestnut st

*Cause of Death* { First, (Primary,) Congestion of Brain
Second, (Immediate,)

*Duration of last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial* Mount Olivet Cem.

*Date of Burial* Sept 9th 1880

*Undertaker,* Wm H Hockman

*Place of Business,* 234 N Gay st

Henry P. P. Yeats M. D.
Medical Attendant.

*Address,* 107 N. Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9. 7. 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joshua Thompson

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

*Age,* 44 8 *Years,* ——— *Months,* ——— *Days.*

*Color,* Blu

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Healer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Virginia

*Duration of Residence in the City of Baltimore,* 16 yrs

*Place of Death,* { Give street and number } 104 Eden ave

*Cause of Death* { First, (Primary,) Consumption / Second, (Immediate,)

*Duration of last Sickness,* 8 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* Sept-8 1880

*Undertaker,* { S. H. Chase

*Place of Business,* { 198 Howard st

A. M. Easterday M. D.
Medical Attendant.

*Address,* 3 E Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 42715 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 7/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* ——— *Days.*

*Color,* Mulatto

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diarrhea

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Sept 8th 1880

*{Undertaker,* Patrick Mullin

*{Place of Business,* ———

T. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 8 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 8th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} unnamed Son Aun't Peter Sheela Parents

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* Eleven *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 176 S. Fremont Street Balto. City.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number} 176 S. Fremont Street.

*Cause of Death* { First, (Primary,) Infantile intestinal
Second, (Immediate,) .....

*Duration of last Sickness,* Six days.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* Sept 9th 1890

*Undertaker,* Chas. B. Cook

*Place of Business,* No 707 N. Baltimore Street

Emma Valentine M. D.
Medical Attendant.

*Address,* N.E. Cor. Columbia & Fremont Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 8 / 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Emma Hagenraeder

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Three *Years,* Ten *Months,* Fifteen *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 21 Hope street Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} In 21 Hope street Baltimore, Md

*Cause of Death,* First (Primary,) Scarlet Fever (Anginea)

Second (Immediate,) Infiltration of cellular tissue of throat (diphtheritic)

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Ft. Ab Houses Ch

*Date of Burial,* Sept. 8th 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 309 W. Centre St

Address In 559 Harford avenue Baltimore, Md

Aug. A Elwell M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK STAR

# Board of Health, City of Baltimore,

**Permit No.** 42718

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis V. Traugh

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 7 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Pueblo

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 160 Burgundy St

*Cause of Death,* {First (Primary,) Inf. Convulsions / Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Similary

*Date of Burial,* 9 at 3 o'clock

*Undertaker,* Philip Still

*Place of Business,* Columbia ave

W. F. Wenzel M. D.
Medical Attendant.

*Address* Fawn & Hillen Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Kelley

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 25 years

*Place of Death,* {Give street and number.} No 7 S Front St

*Cause of Death,* First (Primary,) Apoplexy

Second (Immediate,) Coma

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Sept 9th 1880

*Undertaker,* Lane & Byrne

*Place of Business,* Front St

Geo H Offenden M. D.
Medical Attendant.

*Address* S. High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42720

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Burns

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Sixty *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 10 Months

*Place of Death,* {Give street and number} 32 Hoffman St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Malarial Fever

*Duration of last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemy

*Date of Burial,* Sept 9th

*Undertaker,* Henry Boyle

*Place of Business,* Hanover St 81

Jno D Blake M. D.
Medical Attendant.

*Address,* 168 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4472/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 2 = 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos Henson

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 34 Sterling St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diptheria

*Duration of last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 5 1880

*Undertaker,* S. H. Chase

*Place of Business,* 108 Howard St

J. D. Snyder M. D.
Medical Attendant.

*Address,* 137 Calhoun St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42722

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. W. Dew

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* U. S. Store Keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number.} Cor of Madison & Monte Sts

*Cause of Death,* {First (Primary,) Injuries - from being Run over by R Road Train -
Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 9 1880

Alexander Tinsley M. D.
Medical Attendant

*Undertaker,* Thos. D. Snyder

*Place of Business,* 68 E Baltimore St *Address*

Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis A. McDaniel

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* One *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Cor. Greenmount av. & John st.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} Baltimore Cor Greenmount Av. & John st.

*Cause of Death,* First, (Primary.) Gastro Enteritis. Diarrhoeal

Second, (Immediate.)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* H. Pottas Cemetery

*Date of Burial,* Sept 4 Oclock

R. G. Rankin M. D.
Medical Attendant.

*Undertaker,* Geo. G. Rodenmayer

*Place of Business,* 38 Exeter Street

*Address,* Waverly Balto. Co. Md.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
SEP 1
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 8 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lily May Taylor

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Two *Years,* Eight *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} East Monument St. Extended

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Phthisis

*Duration of last Sickness,* Three Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sep 9 1880

*Undertaker,* Fry & Zell

*Place of Business,* 334 W Broadway

Wm H. Clendinen M. D.
Medical Attendant.

*Address,* No 102 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, September 8th 4 P. M. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Serge Reid

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 19 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Machinery

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 195 E. Baltimore St

Cause of Death { First, (Primary.) Phthisis Pulmonalis
Second, (Immediate.)

Duration of last Sickness, Seven Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Sept 10th

{ Undertaker, Henry Lauder
Place of Business, 252 Canton Ave

James E Donnelly M. D.
Medical Attendant.

Address, 199 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 7 - 1880 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Shennanetta

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 62 *Years,* — *Months,* — *Days.*

*Color,* White -

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Co -

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give street and number} 87 Edmondson Ave.

*Cause of Death* First, (Primary,) Chronic Bright's Disease of Kidneys

Second, (Immediate,) Uremic Poisoning -

*Duration of last Sickness,* one week —

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Sept 9th

*Undertaker,* Joseph F Byrne

*Place of Business,* 870 Libelly

John B. King M. D.
Medical Attendant.

*Address,* 215 N. Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Hultzmann

*Sex,* ~~Male~~ *Female,* {cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* White

~~Married~~ *Single, Widow or* ~~Widower~~ {Cross out the word not required in this line.}

*Occupation,* Sole Brushes

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Twenty Eight Years

*Place of Death,* {Give street and number} No 9th Wolf St

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate,)

*Duration of last Sickness,* Ten weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mathews Ch'g

*Date of Burial,* Sept 7th 1880. E. H. Sentzdorf M. D.

Medical Attendant.

*Undertaker,* G. D. Rossiter

*Place of Business,* 97 N. Gay St. *Address* 97 N. Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42.728.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vincent's

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Entire Life

*Place of Death,* {Give street and number} St. Vincent's Infant Asylum

*Cause of Death* First, (Primary.) Marasmus

Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Edmondson Ave.

*Date of Burial,* Sept. 10 1880

*Undertaker,* J. Pleasants Low

*Place of Business,* 163 Division St.

Graduate Nurse M. D.
Medical Attendant.

*Address,* 68 Hanover St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS, AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42729

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE

*Date of Death,* Sept. 7. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* *Years,* about 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Foundling

*Duration of Residence in the City of Baltimore,* Since Aug. 20th

*Place of Death,* {Give street and number} St. Vincents Infant Asylum

*Cause of Death* First, (Primary,) Congenital Syphilis

Second, (Immediate,)

*Duration of last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Bayou

*Date of Burial,* Sept 9. 1880

*Undertaker,* Jno Brannigan

*Place of Business,* 152 Division St.

Mahlon Preston *M. D.*
Medical Attendant.

*Address,* 62 Holliday St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Miller

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 34 years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 216 E. Bond St.

*Cause of Death,* First, (Primary,) Chronic dysentery.

Second, (Immediate,)

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Sept. 9

John H. Kelberger M. D.
Medical Attendant.

*Undertaker,* Wendel Diffel

*Place of Business,* E. Bond st. 151 *Address,* 243 Alice Anna St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Fishburn

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Copper

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Carol County Maryland

*Duration of Residence in the City of Baltimore,* Forty Years

*Place of Death,* {Give street and number} No 13½ North Dallas St

*Cause of Death* {First, (Primary,) Derangement of the Stomach & Intestines

Second, (Immediate,) Anasarca

*Duration of last Sickness,* Five Months

All the above information should be furnished by the Physician.

*Place of Burial,* Johns Hopkins

*Date of Burial,* Sept 9. 1880

*Undertaker,* Mahan & Wyman

*Place of Business,* 13 Saratoga St

A. Pfeiffer *M. D.*
Medical Attendant.

*Address,* 169 Bank St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Foster Wagner,

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* One *Months,* 7 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 68 Millinan st

*Cause of Death,* First, (Primary,) Unknown

Second, (Immediate,)

*Duration of last Sickness,* Two Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* September 10th 1880

*Undertaker,* Henry Hook

*Place of Business,* 309 Central Ave

J. J. Chamberlain M. D.
Medical Attendant.

*Address,* 222 N Broadway Balto

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42733 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9 — 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Peters

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 *Days.*

*Color,* w

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. C. Co. 6 days

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 442 Light st

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September the 10.

*Undertaker,* B. Earle

*Place of Business,* 411 Lig[illegible] st

A. H. P. Ellis *M.D.,*

Medical Attendant.

*Address,* 315 Light st

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Daughter Parents- Sallie Daughter

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1 minute *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Since Life

*Place of Death,* {Give street and number} 50 N Stricker St.

*Cause of Death,* First, (Primary,) 0

Second, (Immediate,) Asphyxia

*Duration of last Sickness,* One minute

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'y

*Date of Burial,* Sept 10. 80

J. H. Keller M. D.
Medical Attendant.

*Undertaker,* J B Blackston

*Place of Business,* West Balto st *Address,* 19 N Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Daugherty

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* Six years *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Wilmington Delaware

*Duration of Residence in the City of Baltimore,* About Forty five

*Place of Death,* {Give street and number} No 20 Jackson Square

*Cause of Death* First, (Primary,) Brain softening

Second, (Immediate,) Paralysis

*Duration of last Sickness,* About Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sep 10 80

*Undertaker,* Fry & Bro

*Place of Business,* 54 h Broadway

Milton A Taylor M. D.
Medical Attendant.

*Address,* Broadway & Eldorado st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Elizabeth Zink

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ~~ Years, 11 Months, 6 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number} # 169 Orson St

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* S. & O. Houses Ct

*Date of Burial,* Sept 11 1880

*Undertaker,* Henry Hock

*Place of Business,* 309 Central Ave

Geo. L. Nathurau M. D.
Medical Attendant.

*Address,* #305 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42937

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Sept 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Sles

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 32 *Years,* — *Months,* — *Days.*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Wid Widower

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto city.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 172 N Dallas St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate.) Marasmus.

*Duration of Last Sickness,* Two (2) years.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetry

*Date of Burial,* September 11th 1880

*Undertaker,* Henry Hack

*Place of Business,* 309 Central Ave

C. V. Salmon M.D.,
Medical Attendant.

*Address,* E. Eager corner

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate, setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...icians is Respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# ...d of Health, City of Baltimore,

...738 #42738 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled* ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of ... or ..., if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Neal

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* — *Years,* 12 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 132 S. Dallas St.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 104. S. Bethel St. near Gough St.

*Cause of Death,* First, (Primary.) Improper diet, Dentition,
Second, (Immediate,) Acute Entero-Colitis. — Collapse, coma & paralysis.

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St Cemetery

*Date of Burial,* Sept 10 1880

*Undertaker,* Chas J Koch

*Place of Business,* 73 Jefferson St

A. V. Gosweiler A. M., M. D.,
Medical Attendant.

*Address,* 144. S. Ann St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# [illegible] of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

[illegible]739 # 42739

[illegible]ttended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* [illegible]or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible]so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bessie Rebecca Thomas

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 17 *Days.*

*Color,* Colored *Sex,* female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 13 Iron Alley

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 13 Iron Alley

*Cause of Death,* {First (Primary,) Cholera Infantum

{Second (Immediate.)

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 10th 1880

{*Undertaker,* Thos J Locke

{*Place of Business,* 13 Jefferson st

J. D. Jordan M. D.
Medical Attendant.

*Address* 632 Lexington st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

40 *42740 *Office of Registrar of Vital Statistics.*

[illegible] attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* [illegible] or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, [illegible] under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 9th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Flatum

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow* ~~or Widower~~, { Cross out the word not required in this line. }

*Occupation,* Housewife

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* { Give street and number. } 4 Bloxford Court.

*Cause of Death,* { First, (Primary.) Second, (Immediate.) Apoplexy

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* August 10th

*Undertaker,* Jas. O. Byrne

*Place of Business,* 63 Smith *Address,* 133 N. Eutaw

Edward J. [illegible] M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# ...d of Health, City of Baltimore,

...7441 #42741 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...n who attended any person in a last illness is responsible for the presentation of this Certificate ...ord, ...the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ...sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th, 880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosie Campania

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} 451 Thames St

*Cause of Death,* First, (Primary.) Chronic Diarrhoea

Second, (Immediate,)

*Duration of last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* A. Aisquith Cemetry

*Date of Burial,* Sep 11

John H. Rehbergen M. D.
Medical Attendant.

*Undertaker,* Wendel Dippel

*Place of Business,* Bond St

*Address,* 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...of Health. Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

42742 #42742

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ired so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 9 Sept 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Anderson

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* _____ *Years,* 1 *Months,* 10 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Single

*Occupation,* _____

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } 161 Lombard st Balt (at Infirmary)

*Duration of Residence in the City of Baltimore,* _____

*Place of Death,* { Give street and number. } 30 Josephine st

*Cause of Death,* { First (Primary,) _____ (Sympt

{ Second (Immediate,) Accidental poisoning by Pinalous Bottle

*Duration of Last Sickness,* about 5 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sep 10

*Undertaker,* J H Weaver

*Place of Business,* 129 W Pacca st

Jas L Fulks M. D.
Medical Attendant.

*Address* No 134 Pearl st Balt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...spectfully invited ... to List of Diseases on Back of this Certificate.

# ...rd of Health, City of Baltimore,

#42743 #42743 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...an who attended any person in a last illness is responsible for the presentation of this Certificate, ... out, ... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1885 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 7th 1885

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Shamet

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ✓

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } No 7 Cumberland St.

*Cause of Death* { First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Sept 10th

*Undertaker,* H Frechlich

*Place of Business,* 244 Eastern Av

J Hoter M. D.
Medical Attendant.

*Address,* 214 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...ard of Health ...Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

~~2744~~ #2744

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...quested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate L. & Joseph Shannon (Parents)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 20 minutes *~~Days.~~*

*Color,* White *Sex,* ———

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 281 Eastern ave

*Cause of Death,* First (Primary,) Premature Birth

Second (Immediate,) asthenia

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Thos A Shannon M. D.

*Date of Burial,* Sept 10th 1880 Medical Attendant

*Undertaker,* Jno Shannon Address Comm of Health & Registrar

*Place of Business,* ———

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Examined E. Taylor

*...rd of Health, ... Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

2745 #42745

...attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ... to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 10th. September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anny Smith

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ... *Years,* 4 1 *Months,* 22 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give street and number} Black Street No 90

*Cause of Death* {First, (Primary,) Gastro enteritis

Second, (Immediate,) Diarrhoea

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* September 10th 1880

*Undertaker,* John C. Schuh

*Place of Business,* No. 265 Alice anne ste

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe & Hill

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ssed on Back of this Certificate.

# ...rd of Health, City of Baltimore,

2746 #H2746 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...o attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...dertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9th Sept 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannette Dignan

*Sex, Male or Female,* {cross out the word not required in this line.} ———

*Age,* ——— *Years,* 2 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} 33 N. Amity

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 3 or 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Sept 11th

Chas. F. Michaelson M. D.
Medical Attendant.

*Undertaker,* M. Deennutte

*Place of Business,* 33 N. Amity *Address,* 283. W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...uty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# d of Health, City of Baltimore,

747 * 42747 OFFICE OF REGISTRAR OF VITAL STATISTICS.

...nded any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ..., to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of ..., or ...ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Thurmann

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* XXX

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 2725 Eastern Avenue

*Cause of Death* { First, (Primary,) Tuberculous Meningitis
, { Second, (Immediate,)

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Sept 10th

{ *Undertaker,* Henry Lander
{ *Place of Business,* 252 Eastern av

Samuel E Dennette M. D.
Medical Attendant.

*Address,* 299 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42748

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42748.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1880.

*Full Nams of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Parkhurst

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 76 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Mass.

*Duration of Residence in the City of Baltimore,* 76 yrs.

*Place of Death,* {Give street and number} City Hospital

*Cause of Death,* First, (Primary,) Apoplexy

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 60 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Sept 11th 1880

*Undertaker,* Jno H Weaver & Co

*Place of Business,* 22 Hayette St

D. H. Buchanan M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42749

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 9th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Setter

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ~~—~~ *Years,* 10 *Months,* 25 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* ~~—~~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* 10 yrs 25 da

*Place of Death,* { Give street and number } 220 Preston St

*Cause of Death,* First, (Primary,) ....

Second, (Immediate,) Scrofulous Encephalitis

*Duration of last Sickness,* 3 months

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 11 1880

*Undertaker,* John L. Young

*Place of Business,* 1203 Park Ave

Jno A. Gillis M. D.
Medical Attendant.

*Address,* 130 N Dulaney St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42750 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7ber 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ellen Worlahan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Queen's County Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Asylum of the Little Sisters of the Poor. Cor. of John and Valley Sts

*Cause of Death,* First, (Primary.) Consomption

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* 7ber 11th 1880

*Undertaker,* Henry Abel Bro's

*Place of Business,*

J. Allmer M.D.,
Medical Attendant.

*Address,* 256 N Eden

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42751

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* Two *Years,* 0 *Months,* 0 *Days.*

*Color,* Dark brown

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Two Years

*Place of Death,* {Give street and number} No 1 Lenkins Alley

*Cause of Death,* First, (Primary,) Unknown

Second, (Immediate,) Congestion of Lungs

*Duration of last Sickness,* one days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 11th 1889

*Undertaker,* Chas. F. Sevrin

*Place of Business,* N. Eutaw St

B F Bohm *M. D.*
Medical Attendant.

*Address,* Cor Dolphin & Gilmor sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hellhatwide

~~Sex, Male or Female,~~ {cross out the word not required in this line.} Male

*Age,* 77 *Years,* — *Months,* 11 *Days.*

*Color,* White

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Pattern Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore in town this a[illegible]

*Duration of Residence in the City of Baltimore,* Lifetime except 26 Years

*Place of Death,* {Give street and number} 301 Columbia Avenue

*Cause of Death* First, (Primary,) Complicated Hernia & Hematuria

Second, (Immediate,) Old Age & Exhaustion

*Duration of last Sickness,* 7 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 12th 1880

A. A. Colburn M. D.
Medical Attendant.

*Undertaker,* Jos. B. Cook

*Place of Business,* No 707 W. Baltimore Street *Address,* 343 W. Lanvale St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

No. 42753

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Henson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* — *Years,* 1 *Months,* — *Days.*

*Color,* Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number} 192 Constitution St

*Cause of Death* { First, (Primary,) — / Second, (Immediate,) Marasmus

*Duration of last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Sept the 11th 1880

*Undertaker,* Wm W Dungee

*Place of Business,* 62 East Pratt St

Silas W. Hunter M. D.
Medical Attendant.

*Address,* 36 Greenmt Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42754

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44754

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E Wood

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 18 Stockton St

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 24 Baker St

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 6 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept 12th 1880

*Undertaker,* Chas. J. Sermon

*Place of Business,* 271 N Eutaw *Address,* Eutaw & Mulberry

W. A. Vaught M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42755

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42755

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Earls

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 34 *Years,* ____ *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } Married

*Occupation,* Laundress

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md

*Duration of Residence in the City of Baltimore,* Continued

*Place of Death,* { Give street and number } 7. China alley

*Cause of Death,* First, (Primary,) Hemorrhage,

Second, (Immediate,) Epileptic Convulsions et Coma

*Duration of last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 12

*Undertaker,* Hazlett Ross

*Place of Business,* 15 Lexington

L. L. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St

L. D. DYER M.D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Frisbery

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Female

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} V

*Occupation,* Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} 19 Watts Ct

*Cause of Death,* First (Primary,)

Second (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept 11th 1880

*Undertaker,* S W. Chase

*Place of Business,* S Howard St

Frank W Gunnor M. D.

Medical Attendant.

*Address* 187 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericke Jahn

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 7 *Years,* 2 *Months,* *Days.*

*Color,*

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 382 E. Monument-st

*Cause of Death* First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Schwartzes Lutheran Cemetery

*Date of Burial,* Sept 12th 80

*Undertaker,* George Schilling

*Place of Business,* 45 Holland Square

Wm. L. Russell M. D.
Medical Attendant.

*Address,* Broadway & Fleet

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

No. 42758

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 42758

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Henry Stein

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 1220 S. Broadway

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* five years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* 12th Sept. 1880

*Undertaker,* Wm. Nicolaus

*Place of Business,* 258 Alice Anna

John H. Pohlinger M. D.
Medical Attendant.

*Address,* 345 Alice Anna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Kehl

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Fifty six *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Restaurant keeper

*Birthplace,* {State or country. (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* About twenty nine years

*Place of Death,* {Give street and number} Jefferson & Dallas Sts

*Cause of Death* First, (Primary,) Unknown

Second, (Immediate,) Cancer of the stomach

*Duration of last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sep 12

*Undertaker,* Llewellin Dorsey

*Place of Business,* Bond 187 S. *Address,* Broadway & Hoffman's

Milton A. Taylor M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42760

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Buffington.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 29 — *Years,* 5 — *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Carroll Co. Md

*Duration of Residence in the City of Baltimore,* Three years

*Place of Death,* {Give street and number} 88 E. Fayette St.

*Cause of Death* First, (Primary.) Pleuras abcess

Second, (Immediate.) " " + Pyaemia

*Duration of last Sickness,* The last ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemet

*Date of Burial,* Sept 11/ 1880

*Undertaker,* Wm H. Buckman

*Place of Business,* No 23 1/2 E Pratt

G A Dohme M. D.
Medical Attendant.

*Address,* 86 E Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42761

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42761

HEALTH DEPARTMENT
1880
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Septr 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Ellis Hickmann

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* — *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 160 Chestnut av

*Cause of Death,* First, (Primary,) Acute Hydrocephalus

Second, (Immediate,)

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 11 1880

*Undertaker,* Wm H. Hickman

*Place of Business,* No 284 N Gay st *Address,* 134 N Howard

A. J. Coyner *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42,762

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10th. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Elizabeth Watts.

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* Twenty Eight *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* School teacher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Annapolis. Md

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give street and number} 47. Lee St.

*Cause of Death* { First, (Primary,) Phthisis,
Second, (Immediate,)

*Duration of last Sickness,* 36 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md.

*Date of Burial,* Sept 13th 1880

*Undertaker,* John Thacher

*Place of Business,* No 150 Camden St *Address,* 190 Aisquith St

N. Caldwell Bevan M. D.
Medical Attendant,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1895 Transit

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 10 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Ulrich

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 64 N Monroe St

*Cause of Death* { First, (Primary,) Consumption
Second, (Immediate,)

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Sept 11th 1880

*Undertaker,* Peter Kemmerer

*Place of Business,* Mulberry St

W. H. Reeves M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42764

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 11 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Brown

*Sex,* ~~Male or~~ *Female,* { cross out the word not required in this line. }

*Age,* 140 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

~~Married, Single,~~ *Widow or* ~~Widower,~~ { Cross out the word not required in this line. } ✓

*Occupation,* Nurse

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Montgomery Co. Va

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* { Give street and number } Lynch House 9 Jefferson E Broadway

*Cause of Death,* First, (Primary.) Cancer of Stomach

Second, (Immediate,)

*Duration of last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Ebenezer Public Cemetery

*Date of Burial,* Sept 11th 1880

*Undertaker,* P. J. Medlin

*Place of Business,* 7 Park ave

D. H. Cain M. D.
Medical Attendant.

*Address,* Lynch House 9 Jefferson E Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42765

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hellen Williams

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 39 years

*Place of Death,* {Give street and number} City Hospital

*Cause of Death,* First, (Primary,) Cancer & Uterus

Second, (Immediate,) asthenia

*Duration of last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Calvary

*Date of Burial,* Sept 11th 1880

F. B. Rodgers M. D.
Medical Attendant.

*Undertaker,* Or. E. H. Bampfield

*Place of Business,* City Hospital *Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42766

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1890 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th '90

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Bragg

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Druggist Photographer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Austria (31 years)

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and number} 265 W. Biddle St.

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of last Sickness,* about four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sunday Sept. 12th

*Undertaker,* J. M. Weaver

*Place of Business,* 202 N. Eutaw st

Wm. B. Rider, M. D.
Medical Attendant.

*Address,* 109 Druid Hill Ave.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42967

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sada Boldin

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* —— *Months,* —— *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 1 Machanic's Ct

*Cause of Death* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cimentery

*Date of Burial,* 11 of September 1880

*Undertaker,* Charles A White

*Place of Business,* 99 Grundy Street

S. T. Boyner M. D.
Medical Attendant.

*Address,* 134 N High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 172768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rachel Coles

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days.*

*Color,* Cul *Sex,* —

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} St. Mary's Co Md

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number.} 79 Mulberry St

*Cause of Death,* First (Primary,) Heart Disease

Second (Immediate,) Consumption

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem James A Steuart M. D.

~~Medical Attendant~~

*Date of Burial,* Sept 11th 1880

*Undertaker,* John C. Jordan

*Place of Business,* Park ave

Address Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Exam by Lee E. Taylor

# Board of Health, City of Baltimore,

Permit No. 42769

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Marolace

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 9 *Months,* 18 *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 3 4 yrs.

*Place of Death,* {Give street and number.} 186 S. Washington St.

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 1 Year

**All the above information should be furnished by the Physician.**

*Place of Burial,* Ev Jubilee Cemty

*Date of Burial,* Sept 12th

*Undertaker,* H. Frechlich

*Place of Business,* 214 Easton St

R. W. Mansfield M.D.,

**Medical Attendant.**

*Address,* 117 S. Broadway

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Maryland~~ Balt. Sept 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs A. Spencer

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 77 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland U S

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 288 Myrtle Ave

*Cause of Death* First, (Primary,) Old Age

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 12

*Undertaker,* [illegible]

*Place of Business,* 201 E Balto

T. A. Addis M. D.
Medical Attendant.

*Address,* 92 Saratoga st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42771

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Edith Keith

*Sex,* ~~Male~~ or Female, { Cross out the word not required in this line. }

*Age,* 11 *Years,* 3 *Months,* *Days.*

*Color,* White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

*Occupation,* None

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* { Give street and number. } St. Peter's Orphan Asylum

*Cause of Death,* First (Primary,) Phthisis pulmonalis

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 12

*Undertaker,* C. H. Blizzard

*Place of Business,* 201 E. Pratt *Address*

Wm Green *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1890 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Marie Agnes McGlannan

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 178 Druid Hill Ave

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept. 12

*Undertaker,* Engleman

*Place of Business,* 201 Park

H. Tenntines M. D.
Medical Attendant.

*Address,* 2 Cathedral St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Johnson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* C —

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} West Rivers Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} No. 42 Raborg Street

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Haemorrhage

*Duration of last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* Sept 12 1880

Chas. H. Yuth M. D.
Medical Attendant.

*Undertaker,* C. W. Chase

*Place of Business,* 198 Howard St. *Address,* 306 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42774

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* SEPT 10 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sylvester Lee's

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 60 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } married

*Occupation,* Steward

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 27 years.

*Place of Death,* { Give street and number } 22 Fell St.

*Cause of Death,* First, (Primary.) Chronic Bronchial Catarrh

Second, (Immediate,) Hemorrhage - Dropsy.

*Duration of last Sickness,* 2½ years -

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept. 13th 80

A. Dunbar Arnold M. D.
Medical Attendant.

*Undertaker,* M. France

*Place of Business,* 280 Canton ave

*Address,* ———

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42775

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Kapp

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Natio

*Duration of Residence in the City of Baltimore,* Epi's from

*Place of Death,* {Give street and number.} 4 Hottenstein's Court

*Cause of Death,* First, (Primary.) Diptheria

Second, (Immediate.) Paralysis of heart

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Sept. 13th '80

*Undertaker,* W. Franco

*Place of Business,* 284 Canton Ave

J Thurston M.B., Medical Attendant.

*Address,* 245 E. Baltimore St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42770

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 11 1880 BALTIMORE

*Date of Death,* Sept. 11th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother's name Mary Boyle

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male.

*Age,* ~~Years~~, *Months,* Nine *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maternité - Balto. Md.

*Duration of Residence in the City of Baltimore,* 9 days.

*Place of Death,* {Give street and number} 161 W. Lombard st.

*Cause of Death,* First, (Primary,) Obstruction of the ductus

Second, (Immediate,) communis Choledochus.

*Duration of last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemy

*Date of Burial,* Sept 12th 1880

*Undertaker,* Pat Mullin

*Place of Business,* T. Park ave

Spencer M. Free *M. D.*
Medical Attendant.

*Address,* 161 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42777

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42777

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Amelia Barber

*Sex, ~~Male or Female~~,* { cross out the word not required in this line. }

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Washerwoman

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* { Give street and number } 72 O'Donnell

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Typhoid Fever

*Duration of last Sickness,* 4 or 5 weeks

The attention of the Department is respectfully called to the location and condition of the privy at those premises. H.H.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Sept 12 - 1880

*Undertaker,* Manly & Trail

*Place of Business,* 116 Orchard st

J. Miller M. D.

Medical Attendant.

*Address,* 89 N Gay st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 11247

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Briscoe.

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 11 *Years,* 6 *Months,* 6 *Days.*

*Color,* Colored.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None,

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Lifetime,

*Place of Death,* {Give street and number} No. 111 N Dallas st,

*Cause of Death,* First, (Primary.) Pneumonia Congestion,

Second, (Immediate,) Exhaustion,

*Duration of last Sickness,* Ten Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Sept. 12. 1880

*Undertaker,* Theodore J. Locke

*Place of Business,* 13 Jefferson st

J. M. Chamberlain M. D.
Medical Attendant.

*Address,* 222 N Broadway Balto,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 11777

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42789

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 10th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Marks

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* 2 *Years,* 6 *Months,* 11 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } U. S. A

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } 108 Harrison

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Eclampsia

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew W. Cemetery

*Date of Burial,* September 12th 1880

J. Ridgway Andre M. D.
Medical Attendant.

*Undertaker,* Wm. Eilau

*Place of Business,* 101. Gough St *Address,* 121 E Balto st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42780

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Brown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 8 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 90 Richly st

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Diphtheritic Croup

*Duration of Last Sickness,* 48 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Sept. 12th 1880

*Undertaker,* Wm. J. Fickus

*Place of Business,* 65 S. Eutaw

Landon Cotton M.D.,
Medical Attendant.

*Address,* 146 Hanover st

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 42787

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 12 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* September 11 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Sanford Pastorius

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 92 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Brushmaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Philadelphia

*Duration of Residence in the City of Baltimore,* 70 years

*Place of Death,* {Give street and number.} 252 Mechanic St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Old age.

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept 13th 1880

Frank P Gunn *M.D.,*
Medical Attendant.

*Undertaker,* H Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 187 Saratoga

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42782

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42782

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1880,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Brunner

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Thirty four *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Baker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Twelve Years

*Place of Death,* {Give street and number} # 815 W. Pratt St.

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* about 18 days — I attended his family — days —

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsis

*Date of Burial,* Sept. 12th 1880

*Undertaker,* Peter Kümmel

*Place of Business,* 317 Mulberry St.

J. G. Dulany M. D.
Medical Attendant.

*Address,* # 584 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42783

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Nodjeska

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 5 mos.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} # 52 Lancaster St

*Cause of Death,* First, (Primary,) Chronic Diarrhoea

Second, (Immediate,)

*Duration of last Sickness,* Four weeks — Four weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem. } *M.*

*Date of Burial,* Sept 12 } John H. Rehberger *M. D.*
Medical Attendant.

*Undertaker,* Wendt & Diffel }

*Place of Business,* N. Bond at 15. } *Address,* # 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BUBIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 12, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Irene Clements

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One *Years,* six *Months,* Twenty-one *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No. 526 Harford avenue

*Cause of Death,* First (Primary,) Diptheritic Croup

Second (Immediate,) Suffocation

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 13th

Reg. A. Elwell M. D.
Medical Attendant.

*Undertaker,* Geo. Schilling

*Place of Business,* Sec of Monument & Lexington Sts

*Address* No. 529 Harford avenue Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 43785

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sep 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sewell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 42 *Years,* 4 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Manufacturer of Pants

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 499 Lexington

*Cause of Death,* First, (Primary.) Chronic Spinal Meningitis

Second, (Immediate.) A Fall

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem.

*Date of Burial,* Sep 14 1880

*Undertaker,* J. P. Cook

*Place of Business,* 704 W. Balto St

Wm. Ashbridge M.D.,
Medical Attendant.

*Address,* ...

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 1

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ellen Minnus

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 20 *Years,* 9 *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number} 81 Argyle Ave

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis

*Duration of last Sickness,* About six months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept 13

*Undertaker,* J. J. Chalmers

*Place of Business,* 341 Penna Ave

O. L. Williams M. D.
Medical Attendant.

*Address,* 201 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 21 2

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Elizabeth Neilson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 18 *Months,* ..... *Days.*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number} 123 Hullekin st.

*Cause of Death* { First, (Primary,) Cholera Infantum.
Second, (Immediate,)

*Duration of last Sickness,* 20 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Sep 13/80

*Undertaker,* Fry & Bro

*Place of Business,* 414 Broadway

E. J. May *M. D.*
Medical Attendant.

*Address,* 194 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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AK SAFETY ▲ FILM

Permit No. 42788

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arch. Elliot.

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 44 *Years,* — *Months,* — *Days.*

*Color,* white.

*~~Married, Single,~~ ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* farmer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 2 years.

*Place of Death,* {Give street and number.} No 163 Hanover st

*Cause of ~~Death~~;* {First, (Primary.) Pulmonary Phtisis. Second, (Immediate.) the same

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co. Pa.

*Date of Burial,* Sept Semtember 13th

*Undertaker,* B. Hearle.

*Place of Business,* 44 Light St. / *Address,* 163 Hanover St

Henry Salzer *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 11th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles. Mc-Cullough.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 3 *Months,* 29 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nil

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number} 546 Aisquith St.

*Cause of Death,* First, (Primary,) Pertusis + Scarlatina

Second, (Immediate,) Apnoea

*Duration of last Sickness,* 7 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 12 David Smith M. D.

Medical Attendant.

*Undertaker,* W. H. Hileman

*Place of Business,* 234 N. Gay St. *Address,* 143 N. Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42750

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 13 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May B. Willes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 1 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 252 Chew St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Hamilton

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 13th 1880

*Undertaker,* Wm H. Heckman

*Place of Business,* 234 N. Gay st.

Wm Wohlridge M.D.,
Medical Attendant.

*Address,*

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarahan Cannon

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* Col *Sex,* Female

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Calvert County

*Duration of Residence in the City of Baltimore,* Twenty Years

*Place of Death,* {Give street and number.} 12 Gilbert St

*Cause of Death,* First (Primary,) Gen Dropsy

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 13 1880

*Undertaker,* B W Chase

*Place of Business,* No 198 Howard St *Address* 616 W Balto St

Bayliss M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Walker

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* ~~Eight~~ Years, 0 Months, 0 Days.

*Color,* Dark brown

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Eight years

*Place of Death,* {Give street and number} No 7 Decatur st

*Cause of Death* { First, (Primary,) Unknown
Second, (Immediate,) Inflamation of Brain

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 13 1880

*Undertaker,* B'll-Chase

*Place of Business,* 198 Harrison st

B F Bohrer M. D.
Medical Attendant.

*Address,* Cor Dolphin & Rose sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1888 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 11, 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Hamm

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 60 *Years,* —— *Months,* —— *Days.*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Horticulturist

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} Mrs Bauer Lane, near Hoffman st

*Cause of Death* { First, (Primary.) ——
Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 13 1888

*Undertaker,* H. H. Chase

*Place of Business,* 198 S. Howard

J. Fussell Mantuat M. D.
Medical Attendant.

*Address,* Belair ave & Wachin sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 43754

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1311 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Spriggs.

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 14 *Years,* ... *Months,* ... *Days.*

*Color,* Col'd

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and number} 186 S. Howard St.

*Cause of Death* { First, (Primary,) Pertusis. / Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 23 days

All the above information should be furnished by the Physician.

*Place of Burial,* Harwood Lee

*Date of Burial,* Sept 13 1880

*Undertaker,* S M Chase

*Place of Business,* 198 Howard St

R. J. H. Tall M. D.
Medical Attendant.

*Address,* 152 S. Sharp St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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1856

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Stansbury

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Bristol England

*Duration of Residence in the City of Baltimore,* 25

*Place of Death,* { Give street and number } 42 George St.

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 13.

*Undertaker,* Chas. T. Scriven

*Place of Business,* 21 N. Eutaw

J. J. Knight M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Tiffany Rider

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* / *Years,* 5 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* All of Life

*Place of Death,* {Give street and number} 52 Stockton St.

*Cause of Death* {First, (Primary,) Pertussis

{Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Six Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Sept 13th 1880

*Undertaker,* Chas. T. Seruck

*Place of Business,* 27 W Eutaw

J. H. Christian M. D.
Medical Attendant.

*Address,* 431 Penna. Ave.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 13 1880 Accepted

*Permit No.* 42757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. OVer

*Date of Death,* Sept 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Catharine Armitage

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* Fifty *Years,* and Seven *Months,* —— *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} 39 N Gay St

*Cause of Death* { First, (Primary,) Fibroid Tumour
Second, (Immediate,) Ovarian Dropsy & Chronic Pneumonia

*Duration of last Sickness,* About two years (over)

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Sept 13" 1880

Elias C Price M. D.
Medical Attendant.

{ *Undertaker,* Deaver & Mitchell
{ *Place of Business,* 58 & 60 W Fayette St *Address,* 262 Meadison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 42758

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 13 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Goetz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 3 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 765 Broadway

*Cause of Death,* First, (Primary.) Remittent Fever — Brain Fever

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 12 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept. 13th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

G. L. Wilkins M.D.,
Medical Attendant.

*Address,* 765 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Balti...

Permit No. 45755

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Nengel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ... *Years,* 4 *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 42 Burk St.

*Cause of Death,* First, (Primary.) Tubercular Meningitis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 2 1/2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 18th '80

G. L. Willis M.D.,
Medical Attendant.

*Undertaker,* M. Francis

*Place of Business,* 280 Canton Ave Address, N. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Septbr 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edner Louisa Bull

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* ~~One~~ *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto, city

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number} 680 Saratoga st

*Cause of Death* { First, (Primary,) Pertussis / Second, (Immediate,) Convulsions

*Duration of last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 14 1880

*Undertaker,* Geo H. Weaver

*Place of Business,* 22 Fayette st

J. D. Christian M. D.
Medical Attendant.

*Address,* 431 Penna. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

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# Board of Health, City of Baltimore,

**Permit No.** 42801 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 13 1 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene E Alexander

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 7 *Days.*

*Color,* ~~

*Sex,* Male

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 115 N Gilpin St

*Cause of Death,* {First (Primary,) Acute fatal Marasmus

Second (Immediate,)

*Duration of Last Sickness,* during life

All the above information should be furnished by the Physician.

*Place of Burial,* Lamb burg

*Date of Burial,* Sept 13th 1880

*M. D.*
Medical Attendant.

{*Undertaker,* J Bruchs

*Place of Business,* 17 W Pratt St *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Geo E. Doyle, M.D.

OVER.

No.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Edwards

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md U. S.

*Duration of Residence in the City of Baltimore,* Thirty-six years

*Place of Death,* {Give street and number} #8 Mulberry St

*Cause of Death,* First, (Primary,) Typhoid fever

Second, (Immediate,) Asthma

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cemetery

*Date of Burial,* Sept 13 1880

James Brown M. D.
Medical Attendant.

*Undertaker,* Hues & Fuchs

*Place of Business,* 73 Jefferson St *Address,* #110 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Ba...

Permit No. 42808

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. ~~Allen~~ Arens

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* 6 *Months,* ... *Days.*

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* — —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 102 Thames

*Cause of Death,* First, (Primary.) — Jaundice - Meningitis

Second, (Immediate.) As Thenia

*Duration of Last Sickness,* Five (5) days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Sept 13th

*Undertaker,* H. Frocklich

*Place of Business,* 244 Eastern Av

G. L. Wilkins M.D.,
Medical Attendant.

*Address,* 99 So. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

No. ...

# Board of Health, City of Baltimore,

Permit No. 42804

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 10 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Simpson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* One *Year,* 9 *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Infant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 66 Davis

*Cause of Death,* First, (Primary.) Pneumonia Lobular

Second, (Immediate.) Exhaustion

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 13 1880

*Undertaker,* John C. Jones

*Place of Business,* 426 Park Ave

H. Thompson M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

..., J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o.

# *Board of Health, City of Baltimore,*

*Permit No.* 42815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Bareheart

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 1 / *Years,* 2 1/2 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} 177 S. Eden str

*Cause of Death* {First, (Primary,) Cholera Infantum
Second, (Immediate,) do — convulsions

*Duration of last Sickness,* about a week —

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* September 14th 1880

G. A. Dohme *M. D.*
Medical Attendant.

*Undertaker,* John B. Schenk

*Place of Business,* 265 Alice anne street *Address,* 86 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks ...

# Board of Health, City of Baltimore,

Permit No. 42806

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled ut*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Baltmeier Brow

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* Five *Years,* Eleven *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* { Give street and number } No 257 N Wolfe St

*Cause of Death* { First, (Primary,) Chronic Croup

{ Second, (Immediate,) —

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* 9/14

{ *Undertaker,* Emil Seltzman

{ *Place of Business,* 200 Sharp St

Adolph Yeatts *M. D.*
Medical Attendant.

*Address,* 137 N Eutaw

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OVER.]

# Board of Health, City of Bal.

Permit No. 42807

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} N° 7 Moules Court

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lamrell Cemetery

*Date of Burial,* Sept - 7 - 1880

*Undertaker,* Linsley & Snedeker.

*Place of Business,* #116 Richard st

O. A. Cook *M.D.,*

Medical Attendant.

*Address,* 146 Hanover st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Lautenberger

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* 10 *Months,* ~~Days.~~

*Color,* White *Sex,* male

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Hoechst, Hessen, Germany.

*Duration of Residence in the City of Baltimore,* Forty years

*Place of Death,* {Give street and number.} 18, S. Liberty Street

*Cause of Death,* First (Primary,)

Second (Immediate,) Inflam. of bowels

*Duration of Last Sickness,* Fortteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Sept. 14th

*Undertaker,* H Brile

*Place of Business,* 81 Henrietta St

Morris Steiner M. D.

Medical Attendant.

*Address* 319, W. Fayette St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Sept. 12th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathews Striver

~~*Sex; Male or Female,*~~ {cross out the word not required in this line.}

*Age,* 94 *Years,* 5 *Months,* ..... *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Retired

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 287 W Fayette St.

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) Oedema of the Lungs,

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Chev. Shalom Cemetery

*Date of Burial,* Sept 14 1880

Abram B Judd M. D.
Medical Attendant.

*Undertaker,* Wm L'Hommedieu

*Place of Business,* 100 Gough St *Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac[illegible]

# Board of Health, City of Baltimore,

Permit No. 4428[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mark Howard

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 17 *Years,* 11 *Months,* 1 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Gold beater

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 28 Orleans St Baltimore

*Cause of Death* { First, (Primary,) } { Second, (Immediate,) } Chronic Intestinal Obstruction with Gastric Complication

*Duration of last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 15th

*Undertaker,* D. N. Doll

*Place of Business,* 131 Hanover St

Geo. H. Keyser M. D.
Medical Attendant.

*Address,* 18 Biaquith St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42811

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under the penalty of the law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Infant) (Daniel Parsons)

*Sex, Male or ~~Female.~~* {Cross out the words not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} # 17 N Front

*Cause of Death,* {First (Primary,) Imperfect formation of the Heart

Second (Immediate,) Cyanosis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 14 1880

Sam'l J Baldwin M.D.
Medical Attendant.

*Undertaker,* Geo W. Weaver & Co.

*Place of Business,* 22 Fayette st

*Address,* 134 N Front St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Ba...

Permit No. 42812

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silas H. Gosnell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 20 Johnson St

*Cause of Death,* First, (Primary.) .....
Second, (Immediate.) Membranous Croup

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 15th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Wm Whitridge M.D.,
Medical Attendant.

*Address,* .....

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Ritter

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 26 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* XXX

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 157 E. Mulberry Avenue

*Cause of Death* { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

*Duration of last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* H. Allans.

*Date of Burial,* .....

James E. Donville *M. D.*
Medical Attendant.

*Undertaker,* W. Dibel

*Place of Business,* 15 N. Fremont St. *Address,* 296 E. Balto. Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

**Permit No.** 42814 OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Helfner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 5 *Months,* *Days.*

*Color,* white *Sex,* male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} City Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 40 Stockton St

*Cause of Death,* First (Primary,)

Second (Immediate,) Dysentery

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* September 14th 1880

Alexander Tilley M. D.
Medical Attendant.

{*Undertaker,* P. Kummert
{*Place of Business,* 317 Mulberry St *Address* 386 Druid Hill Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

***Permit No.*** 42815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Williams H. Jones

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 2 *Months,* ~~Days.~~

*Color,* Colored *Sex,* ~~Male~~

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 177 S. Dallas St.

*Cause of Death,* First (Primary,)

Second (Immediate,) Croup

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Eq Cemetery James A. Stewart *M. D.*

*Date of Burial,* Sept 14th 1880 Per M. O'Shea

*Undertaker,* Thos. I. Locke *Address* Comm of Health

*Place of Business,* & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Examd by Geo E. Taylor

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATI

**Permit No.** 42816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 13th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hauman Dietrich Meyer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 54 E Baltimore St.

*Cause of Death,* First (Primary,)

Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery Frank R. Dorsey M. D.

*Date of Burial,* September 14. 1880 Medical Attendant.

*Undertaker,* Peter Kummert

*Place of Business,* 317 Mulberry st *Address* 187 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 2...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42817

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanar Ann Henson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 17 *Years,* ... *Months,* ... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 34 Hartis St

*Cause of Death,* First, (Primary.) ...

Second, (Immediate.) Diptheria

*Duration of last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 14th 1880

*Undertaker,* Saml G. Chase

*Place of Business,* Pennsylvania Ave & Hill St *Address,* 1310 ...

... M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases o

# Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTI

*Permit No.* 42818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

*Date of Death,* Sept. 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Mieler

*Sex,* ~~Male or~~ Female, {cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 215 S. Howard St.

*Cause of Death* { First, (Primary,) / Second, (Immediate,) } Congestive Apoplexy

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 14 1880

*Undertaker,* A M Chase

*Place of Business,* 198 S Howard

R. M. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTIC

*Permit No.* 42819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 11th Sept 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lenyd Williams

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 6 *Years,* 6 *Months,* *Days.*

*Color,* *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 44 North Sharp St

*Cause of Death,* First (Primary,) Scarlet fever

Second (Immediate,)

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery Chas. S. Jay M. D.

*Date of Burial,* Sept 14 1880 Medical Attendant.

*Undertaker,* G W Chase

*Place of Business,* 198 Maryland Address Park Ave & Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the ...

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 42829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jahn

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 382 E. Monument st.

*Cause of Death* First, (Primary.) Scarlet Fever

Second, (Immediate.) Diphtheria

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Schwartzes Lutheran Cemetery

*Date of Burial,* Sept 15th/80

*Undertaker,* George Schilling

*Place of Business,* ~~Ashland Square~~ Broadway

Wm. L. Russell M. D.
Medical Attendant.

*Address,* Broadway & Madison Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Jennings

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 0 *Years,* 6 *Months,* 0 *Days.*

*Color,* Light-Copper

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States. if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Six Month

*Place of Death,* {Give street and number} No 7 Dexters Alley

*Cause of Death* First, (Primary,) Unknown

Second, (Immediate,) Marasmus

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 14th 1880

*Undertaker,* D. E. Fuller

*Place of Business,* Sept 14th 1880

B F Bohn *M. D.*
Medical Attendant.

*Address,* Cor Druid Hill & Dolphin

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42822 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hamlen

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 33. *Years,* 9. *Months,* ~~10~~ 5 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 73 E Hamburg St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 15th 1880

*{Undertaker,* Ainsley Son

*{Place of Business,* 263 Light St

Herdon Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 142823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwig Conrad Wolf

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 2 *Years,* 6 *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* Nearly 3 months

*Place of Death,* {Give street and number.} 196 S. Regester St

*Cause of Death,* First (Primary,) 2 Diarrhoea (supposed) 2 Mos.

Second (Immediate,) 2. mos

*Duration of Last Sickness,* abt 10 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthew Cemetary

*Date of Burial,* 14th Sept. 1880

*Undertaker,* Wm. Nicolaus

*Place of Business,* 258 Alice Ann.

Chas. Fitch M. D.
Coroner 2D
Medical Attendant.

*Address,* 607 S. Wolfe St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

No. 14284

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina E. M. P. Pichel

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* ____ 8½ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore city - Md.

*Duration of Residence in the City of Baltimore,* since Birth.

*Place of Death,* {Give street and number} # 327 S. Bond St

*Cause of Death,* First, (Primary.) Congestion of Brain

Second, (Immediate,) accompanied by Convulsions

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* 15th Sept. 1880

John H. Robertson M. D.
Medical Attendant.

*Undertaker,* Wm. A. Nicolaus

*Place of Business,* 258 Alice Anna st. *Address,* # 243 Alice Anna st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 14,820

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14,825

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 13 Sept. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fried: Schneeman

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 71. *Years,* 5. *Months,* 15 *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Insurance Agent

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Neustadt a/Haide Germany

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and number} 287 North Howard St.

*Cause of Death,* First, (Primary,) Fungus haematoides of right arm

Second, (Immediate,) Peritonitis

*Duration of last Sickness,* Three days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 15th/80

E. Wayne, *M. D.*
Medical Attendant.

*Undertaker,* George Schilling

*Place of Business,* Ashland Square

*Address,* 55 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

*Date of Death,* Sept. 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Loecke

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 20 *Years,* 8 *Months,* *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give street and number.} 247 E. Baltimore St.

*Cause of Death* { First, (Primary,) Tuberculus Consumption

Second, (Immediate,)

*Duration of last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* Sept. 15th

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave *Address,* Broadway & Aisquith St

Wm. L. Russell M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12827

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Fourth Domi Sept 11 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Thomas Frank

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* about 35 *Years,* *Months,* *Days.*

*Color,* white *Sex,* Male

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,* Sailor

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Denmark (suppose)

*Duration of Residence in the City of Baltimore,* 4 days

*Place of Death,* { Give street and number. } Found at foot of Lemon Dock.

*Cause of Death,* { First (Primary,) Drowning

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Fowlers Park

*Date of Burial,* Sept 14

{ *Undertaker,* C. H. Shipard. *Address* Coroner

{ *Place of Business,* [illegible]

Alexander Insley M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 42820

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 12. 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Frederick.

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 22. *Years,* 2 *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*~~Occupation~~,* 1

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } 89 S. Stricker

*Cause of Death,* { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemet

*Date of Burial,* Sept 14 — 1880

*Undertaker,* S. R. Leech

*Place of Business,* No 707 W Baltimore Street

L. B. Wilson M. D.
Medical Attendant.

*Address,* 514 W. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

12829

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Daria Ingram

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* & 10 *Days.*

*Color,* Colour *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 16 Marion St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 16 Marion St near Park

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* attended by me as Office patient 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 14th 1880

*Undertaker,* Wm S Gray

*Place of Business,* 55 Hulkley St

Richd Symington M. D.
Medical Attendant.

*Address* 132 W Fay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12,801

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Linck

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* One *Years,* One *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 15 N Washington st.

*Cause of Death,* First, (Primary,) Scarletina

Second, (Immediate,) Convulsions

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Sep 15th 80

L A Wunderlich M. D.
Medical Attendant.

*Undertaker,* W. Frances

*Place of Business,* 280 Baltimore Ave *Address,* 12 S. Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McWilliams

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 10 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 38 Henrietta St

*Cause of Death,* First, (Primary,) Tuberculan Meningitis

Second, (Immediate,)

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 14th

Edwd. F. Nicholson M. D.
Medical Attendant.

*Undertaker,* Jas C Byrne

*Place of Business,* 63 Hanover *Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4280

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42.832.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant. Taylor.

*Sex, Male or Female,* {cross out the word not required in this line.} Female.

*Age,* ~~~ *Years,* ~~~ *Months,* 3. *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 61 Walnut St.

*Cause of Death,* First, (Primary.) ~~~

Second, (Immediate,) Inanition

*Duration of last Sickness,* ~~~

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem"

*Date of Burial,* Sept 14 - 1880.

*Undertaker,* Chas. A. White

*Place of Business,* Granby St.

James A. Stewart M. D.

Cem" & Health Reg'istrar

*Address,* Per W. Shaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Eq G Geo E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 112833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 9th 1889 (Schreiner)

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mc Swanson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 62 *Years,* 4 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Blacksmith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Panama

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and number} 62 Wallace

*Cause of Death* {First, (Primary,) Second, (Immediate,)} Consestion of Lungs

*Duration of last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* September 15th 89

*Undertaker,* Philip S. Dill

*Place of Business,* 183 Columbia Ave

Jno. D. Clark M. D.
Medical Attendant.

*Address,* 1631 Pierce

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 12837

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kustus

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Yearg,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 2½ mos.

*Place of Death,* {Give street and number} 3 Shakspeare St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* September 14

John H. Rehberger *M. D.*
Medical Attendant.

*Undertaker,* H. Eifler

*Place of Business,* 151 S. Paca St *Address,* 1243 Aliceanna St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 1280.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Kelly

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number} House of The Good Shepherd

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 14th 1880

Edwd. F. Michael M. D.
Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 702 W. Balto *Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42836 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

*Date of Death,* Dec 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara Hall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} America

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Sts

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Consumption

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec 15th 1880

*Undertaker,* Henry Shelthers

*Place of Business,*

Jno. Ambe Doyle M.D.,
Medical Attendant.

*Address,* 166 E. Eager St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 12837

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12837

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Brandt Sr

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } ✓

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* { Give street and number } Northern Ave

*Cause of Death,* { First, (Primary,) Softening of Brain

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loud St Cemetery

*Date of Burial,* Sept 16th 1880

*Undertaker,* Mrs Eilau

*Place of Business,*

G W Wilkinson M. D.
Medical Attendant.

*Address,* 121 N Mercer St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 4200

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 11th, 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel L. Fleischell

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 5 *Years,* 9 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No. 188 Pattison Street

*Cause of Death* {First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 14, 1880

*Undertaker,* H. A. Dugan

*Place of Business,* 74 S. Broadway

M. D.
Medical Attendant.

*Address,* 244 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 14285

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13 "

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Brown

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Wife

*Occupation,* Cook

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Carolina Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 41 Penn St

*Cause of Death,* { First, (Primary,) Tuberculosis / Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Pennsylvania Ave Cem

*Date of Burial,* Sept 15 "

*Undertaker,* Abraham Wagman

*Place of Business,* 13 Saratoga St

Albert Ritter M. D.
Medical Attendant.

*Address,* 49 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1897 Transit

No. 1284

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14820

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Marshall

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* 31 *Years,* 6 *Months,* *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* { Give street and number } 167 N. Central Av.

*Cause of Death,* { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery,

*Date of Burial,* Sept. 16th. Aug. H. Esiah M. D.
Medical Attendant.

*Undertaker,* John H. Power

*Place of Business,* 22 W. Fayette St. *Address,* 94 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42841

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sep. 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Mcvaiy

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 81 *Years,* *Months,* *Days.*

*Color,* White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,* House Keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balt.o

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 215 Green St.

*Cause of Death,* First (Primary,) Senile debility

Second (Immediate,) Three months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Sept 15th 1880

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N Fremont St

H. M. Wilson M. D.
Medical Attendant.

*Address* 251 Mad. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 42847

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 — 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Robinson

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. } —

*Age,* 50 *Years,* — *Months,* — *Days.*

*Color,* White —

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City —

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* { Give street and number } Cor Penna & Lanvale

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 15th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 486 David Hill Av

T. D. Clark M. D.
Medical Attendant.

*Address,* Penna & Lanvale

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42843 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 13, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Linnann

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 21 *Months,* ..... *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} Belair Road

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Hemiplegia

*Duration of Last Sickness,* Several weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept 16th 1880

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St.

J. W. White, M.D.,
Medical Attendant.

*Address,* 347 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42844

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 13. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Berry Thomas

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* Yellow

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Hostler.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 63 Clay St.

*Cause of Death* First, (Primary,) Phthisis.

Second, (Immediate,) Phthisis.

*Duration of last Sickness,* Two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 15th 1880

*Undertaker,* Wm. H. Bishop Jr.

*Place of Business,* 97 Druid Hill Ave.

W. P. Morgan M. D.
Medical Attendant.

*Address,* 175 Saratoga St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 12845

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12845

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 14th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Vogt.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 9 *Years,* — *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City, Md.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number} No. 4 Arcade Alley,

*Cause of Death,* First, (Primary,) Dropsy from Scarlet Fever.

Second, (Immediate,)

*Duration of last Sickness,* One week.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept. 16th.

*Undertaker,* H. Frölig.

*Place of Business,* —

Louis H. Knight M. D.
Medical Attendant.

*Address,* 172 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 12814

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42846

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Müller

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 43 *Years,* 10 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* twenty-eight years

*Place of Death,* {Give street and number} 243 Alice Anna St

*Cause of Death,* First, (Primary,) Congestive Fever

Second, (Immediate,)

*Duration of last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cemty

*Date of Burial,* Sept 16th

*Undertaker,* H. Lockard

*Place of Business,* 244 Eastern Av

John H. Ruhlberger M. D.
Medical Attendant.

*Address,* 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Clarke

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore.* 41 Years

*Place of Death,* {Give street and number.} 224 Lexington St

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) " "

*Duration of Last Sickness,* About Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 16th 1880

H. H. McHenry M. D.
Medical Attendant.

*Undertaker,* Joseph F. Byrne *Address* 71 Franklin St.

*Place of Business,* 59 " Liberty

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 42841

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Sept 14th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas Smith

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 48 Years, 7 Months, 17 Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Shoe maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Talbot Co Md.

Duration of Residence in the City of Baltimore, 26 yrs

Place of Death, {Give street and number} German St 193

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Syncope

Duration of last Sickness, two months

All the above information should be furnished by the Physician,

Place of Burial, Bolt Cemetery

Date of Burial, Sept 16/80

Undertaker, T. L. Rothwell

Place of Business, 192 German St

Geo. E. Jaims M. D.
Medical Attendant.

Address, 76 Edmondson Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OV 48.]

The Special Attention of Physicians is respectfully invited to the ... of this Certi...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14849

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1889

*Date of Death,* Sept 23rd 1889

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ethyle Mae Patterson

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } not known

*Occupation,* Servant

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* { Give street and number } University Hospital

*Cause of Death* { First, (Primary.) Phthisis
Second, (Immediate,) asthenia 6 months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Public Cemetery

*Date of Burial,* Sept 25/89

*Undertaker,* F C Kerchner

*Place of Business,* 50 S Carrollton Ave

H Welch *M. D.*
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

20/

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42850.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and number.} 57 Union St

*Cause of Death,* First (Primary,) Chicken & Fever.

Second (Immediate,) Heart Disease

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* West Public Cemetery

*Date of Burial,* Sept 15/80

*Undertaker,* F A Kercheval

*Place of Business,* 508 Hamilton Ave

Alexander Tenley M. D.
Medical Attendant.

Coroner

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 42851

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPART. SEP 15 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Elmes

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 44 *Years,* 8 *Months,* 8 *Days.*

*Color,* White

*~~Married, Single,~~ Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 113 Hamburg St

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 4 mo

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* Sept 16th 1880

*Undertaker,* Charles J. Krause

*Place of Business,* 209 Hanover st

H B Noble M.D.,
Medical Attendant.

*Address,* 17 Warren av

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### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 42852 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 15 1889 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept 14th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hampden Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* 27 *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 57 South Bethel St

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 16th 1889

*Undertaker,* Chas J Locke

*Place of Business,* 73 Jefferson St

Thos Lynch M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 13th September 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick McKeown

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single,~~ Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 24 Years.

*Place of Death,* {Give street and number.} 122 Register St.

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* 5 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 15 1880

*Undertaker,* James H Byrne

*Place of Business,* No 63 N Front St

Geo. J. Collins, M. D.
Medical Attendant.

*Address* Richmond St & East Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14/80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Bottrell

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Bricklayer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 126 S. Fallon st

*Cause of Death* { First, (Primary,) Drunk, Second, (Immediate,) Congestion Chill

*Duration of last Sickness,* 3 hours

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 16th 1880 W. McGregor *M. D.*
Medical Attendant.

*Undertaker,* A. McLennan & Son

*Place of Business,* 784 W. Balto *Address,*

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1291

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Bond

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 80 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* 60 yrs.

*Place of Death,* {Give street and number} 229 E. Balto. St.

*Cause of Death* {First, (Primary,) Paralysis

{Second, (Immediate,)

*Duration of last Sickness,* about 3 months / under treatment at intervals for several years /

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 16th 80

John F. Monmonier M. D.
Medical Attendant.

*Undertaker,* Stewart & Spence

*Place of Business,* 33 Park Ave

*Address,* S.W. Colvert & Read sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 8 Sept 15. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary,) Congestion of Brain

Second, (Immediate,) Spasm

*Duration of last Sickness,* 1 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept. 16. 1880

*Undertaker,* Jos Bramin Jaw

*Place of Business,* 156 Division St

Marbury Brewer *M. D.*
Medical Attendant.

*Address,* 62 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42857

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Ray

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and number.} 743 Hanover St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Obstruction of the Bowels

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Centre

*Date of Burial,* September 16th

*Undertaker,* B. Hark.

*Place of Business,* 411 Light Street

Theodore Cotz M.D.,
Medical Attendant.

*Address,* 146 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

# Board of Health, City of Baltimore,

Permit No. 42858

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Royal McLaughlin

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 319 E. Chase

*Cause of Death* First, (Primary,) Membranous Croup

Second, (Immediate,) Apnoea.

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 16th 1880

*Undertaker,* Thos S. Hughes

*Place of Business,* 60 E. Baltimore St. 233 N. Madison Ave 201 Penna Ave

J. W. D. Bates M. D.
Medical Attendant.

*Address,* 112 S. Exeter St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42859

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Schaut

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number} No 7 Penna Av

*Cause of Death* { First, (Primary,) Consumption
, { Second, (Immediate,) "

*Duration of last Sickness,* 2 years —

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cem

*Date of Burial,* Sept 18th

*Undertaker,* D E Blough

*Place of Business,* Baltimore Md

John A Pennington M. D.
Medical Attendant.

*Address,* 134 N Carrollton Av.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Agnes Forrest

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 1 Months, 15 Days.

*Color,* White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ~~Baby Sister~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 10 Baker St Baltimore City

*Duration of Residence in the City of Baltimore,* ~~5 years~~ Life

*Place of Death,* {Give street and number.}

*Cause of Death,* First (Primary,) Tuberculous Meningetis

Second (Immediate,)

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral

*Date of Burial,* Sept 16/80

*Undertaker,* Wm E Chenowith

*Place of Business,* 336 Pa ave

Address Corner Pa ave & Saratoga St

Chas C Homer M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 11286

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 13th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. R. Barnes

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 28 *Years,* 2 *Months,* 10 *Days.*

*Color,* W.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Fredrick Co Md

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and number} No 5 Constant alley

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Shup's Cemetery

*Date of Burial,* Sept 16 1880

*Undertaker,* John C. Gontz

*Place of Business,* 1808 Park Ave

G. W. Davis *M. D.*
Medical Attendant.

*Address,* Cor Eutaw & Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 14862

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 14th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavertie Richard

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* 12 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 14 Harmony Lane

*Cause of Death,* First, (Primary.) Pentitis.

Second, (Immediate,) Gravel & Exhaustion

*Duration of last Sickness,* 3 days 11 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* New Shurch St

*Date of Burial,* Sept 15

H F Hill *M. D.*
Medical Attendant.

*Undertaker,* F B Cook

*Place of Business,* 707 West Pratt St *Address,* 361 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42863

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. E. Franklin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 205 S. Fremont St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Tuberculous Meningitis

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Sept 17th 1880

*Undertaker,* Wm. J. Tickner

*Place of Business,* 65 S. Eutaw St

R. Woodson Coale M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 112864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Welch

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Labourer.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} St Vincents Hospital

*Cause of Death,* First (Primary,) Bright's Disease

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters W. S. Lanier M. D.

*Date of Burial,* Sept 16th 1880 Medical Attendant.

*Undertaker,* Chas. T. Scriven *Address* 45 Franklin St.

*Place of Business,* 231 N. Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15-th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E. Weaver

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Entire time

*Place of Death,* {Give street and number} No 25 N. Chew St

*Cause of Death,* First, (Primary,) Cynanosis

Second, (Immediate,) .....

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Sept 16 4. P.M

*Undertaker,* A.O.K. Bandell

*Place of Business,* 579 Gay St & York Road. Boundary av

Wm. E. Russell M. D.
Medical Attendant.

*Address,* Broadway & Broadway M—

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 4286

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15 th, 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob Lotz

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 23 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* { Give street and number } 323 S. Paca St.

*Cause of Death,* First, (Primary,) Hepatitis followed by Jaundice

Second, (Immediate,) Exhaustion caused by above

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Sept 16 80

*Undertaker,* Wm Feldmeier & Sippel

*Place of Business,* Bond & 157

John H. Pitcher M. D.
Medical Attendant.

*Address,* 243 Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 42867

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry H. Samuels

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 296 W Lombard

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom

*Date of Burial,* Sept 16 1880

*Undertaker,* Geo. R. Cook

*Place of Business,* No 707 W Baltimore Street

Thurdon Coale M.D.,
Medical Attendant.

*Address,* 146 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. ____

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

Permit No. 12868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, but not sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. Smith Shepherd

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 44 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* {First, (Primary,) Exposure
Second, (Immediate,) Consumption

*Duration of last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Sept 16

*Undertaker,* C. H. Kiggan

*Place of Business,* 221 Park Ave

Louis Faucett M. D.
Medical Attendant.

*Address,* 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42869

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 14 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan J. Richardson,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* 10 *Days.*

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 358 E. Fayette St.

*Cause of Death,* First, (Primary.) Pathogenic Fever

Second, (Immediate.) Rheumatism

*Duration of Last Sickness,* Seven weeks;

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept 16th 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* 262 Light St

G. Glanville Lusk M.D.,
Medical Attendant.

*Address,* Balt. & Hash. Sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42870 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 16 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Starr

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 72 Years, *Months,* *Days.*

*Color,* W

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 38 yrs

*Place of Death,* {Give street and number.} 107 Cross st

*Cause of Death,* First, (Primary.) Hepatitis

Second, (Immediate.)

*Duration of Last Sickness,* Many years

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* September 17th

*Undertaker,* B Hanks

*Place of Business,* 411 Light Street

H. W. Webster M.D.,
Medical Attendant.

*Address,* 57 Bayard

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1898 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sep. 15–

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia A Dowson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* 7 *Months,* 7 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Alexandria Virginia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 108 Argyle Ave.

*Cause of Death;* {First (Primary,) Dropsy} {Second (Immediate,) Heart disease}

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Georgetown D.C.

*Date of Burial,* Sept 17 th 1898

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

H. M. Hitzan M. D.
Medical Attendant.

*Address* 231 Mad Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1898 Transit

No. 4287

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1899 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary R. Lacy

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

*Age,* 64 *Years,* 2 *Months,* 9 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Teacher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Petrisburg Va.

*Duration of Residence in the City of Baltimore,* One Week

*Place of Death,* {Give street and number} Maryland University Hospital

*Cause of Death* First, (Primary,) Cancer of the Liver (?)

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 5 months.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Raleigh N C

*Date of Burial,*

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette st

Prof. W. T. Howard M. D.
Medical Attendant.

*Address,* University Hospital
Cor. Green & Lombard.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

June 1899

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Shackfus

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 6 *Years,* 6 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} No 10 Patuxent St

*Cause of Death* First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* eight days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Sept 17th 80

*Undertaker,* M. Frances

*Place of Business,* 280 Canton Ave

E. J. Williams *M. D.*
Medical Attendant.

*Address,* 17 Patuxent St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 1120

# Board of Health, City of Baltimore,

Permit No. 42874

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith May Munke

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* 3 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} 43 Parrish St

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 43 Parrish St

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Diarrhea

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western C

*Date of Burial,* Sept 17 1880

*Undertaker,* J. R Blackistone

*Place of Business,* 606 Balt st

Wm B Turner M. D.
Medical Attendant.

*Address,* Howard & Lib Sts Dropped 58 N Gaylord

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Sloka

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* [illegible] *Years,* [illegible] *Months,* 2 8 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 37 Barnes St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Inanition

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St. James Cemetery

*Date of Burial,* Sept 16 1880

*Undertaker,* Henry Stoeck

*Place of Business,* N. Central av

*M. D.*

*Address,* Comm of Health + Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Jos P Smith

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 1 2 8 7 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Mary Eslick~~ Sept 15th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A E Eslick

*Sex,* ~~Male~~ or Female, {cross out the word not required in this line.}

*Age,* 32 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* House keeper

*Birthplace,* {State or country, and how long in the United States if of foreign birth.} Ireland 28 years

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and number} E Eager 1st door southside East of Wolfe

*Cause of Death,* First, (Primary.) Beating by husband Jos Eslick

Second, (Immediate,) Cerebral hemorrhage

*Duration of last Sickness,* ~~the~~ hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem.

*Date of Burial,* Sept 16th 1880

*Undertaker,* Wm H Hickman

*Place of Business,* 234 W Gay St

Edmund R Walker M. D.

~~Medical Attendant.~~

*Address,* Coroners Office

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42877.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Brisco

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* — *Years,* 11 *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 5 Norris alley

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shorfield Cemetery

*Date of Burial,* Sept 16 1880

*Undertaker,* William N Bruce

*Place of Business,* No 62 East Pratt

M K Williams M. D.
Medical Attendant.

*Address,* Sharp & Townsend Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 15th Sept 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary O Neil

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 9 months

*Place of Death,* {Give street and number.} 29 Valley Street

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Four months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Elkridge Landing C B Gamble M. D.

Medical Attendant.

*Date of Burial,* Sept 17th

*Undertaker,* H. C. Weidefeld *Address* 59 Cathedral

*Place of Business,* 90 Greenmount ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H Mac

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Six (6) *Years,* Six (6) *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 33 S Pratt St

*Cause of Death* {First, (Primary,) .....
Second, (Immediate,) Scarlatina Malígna

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 17

Jno D Blake M. D.
Medical Attendant.

*Undertaker,* H H Cook

*Place of Business,* 707 West Balto St *Address,* 168 Pacific

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH RECEIVED SEP 17 1880 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16th 80 Dec'd A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weidenauer

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Three *Years,* ..... *Months,* ..... *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City. Since birth

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} No. 189 Colony St

*Cause of Death* {First, (Primary,) Inf. of bowels

{Second, (Immediate,) .....

*Duration of last Sickness,* four (4) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept. 17th 1880

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St. *Address,* .....

Emil Elderdice M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore

Permit No. 42881

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE.

*Date of Death,* Sept 16th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Saml B Grammer (Grammar)

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Painter

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Westminster Md

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* { Give street and number. } Hospital Hospitals

*Cause of Death,* First, (Primary.) Chronic Enteritis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Md

*Date of Burial,* Sept 17th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* 416 N Gay Street *Address,* 58 N Eutaw

Wm Cain M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

(Transit 1900)

# Board of Health, City of Baltimore.

Permit No. 42882

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kuber

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* 10 *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 54 Philpot

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of Last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. B. Y. Ch. Rd

*Date of Burial,* Sept. 17 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

J. S. Lynch M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 42883

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 15/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reinhart H. Land

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.} Male.

*Age,* 68 *Years,* 3 *Months,* 14 *Days*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Clergyman

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Alsacea. France.

*Duration of Residence in the City of Baltimore,* about 26 years.

*Place of Death,* {Give street and number.} 22 Baker St.

*Cause of Death,* First (Primary,) Mitral insuppiciency from Rheumatism

Second (Immediate,) Chronice Pneumonia Caused by, regurgitation

*Duration of Last Sickness,* about Nine Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park C

*Date of Burial,* Sept 17th 1880

*Undertaker,* D. Wiegand

*Place of Business,* 166 Druid Hill Ave

H. K. Fetterhoff M. D.
Medical Attendant.

*Address,* 205 N. Liddle St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

# Board of Health, City of Baltimore,

Permit No. 12884

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Towne

*~~Sex, Male or Female,~~* {cross out the word not required in this line.}

*Age,* 21 *Years,* 1 *Months,* ..... *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 80 N. Eden St - Balto Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 80 N. Eden St - ✓

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Consumption

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bethel cemetery

*Date of Burial,* Sept 19th 1880

*Undertaker,* Benny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 78 E Pratt St

Geo. L Kummerow M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of Births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 4[illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 12885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1885 BALTIMORE.

## CERTIFICATE OF DEATH.

Date of Death, September 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie E. Dunlap

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 14 Years, 5 Months, 12 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 25 S Mount

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pulmonary Hoemorhage

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Westernmetus

Date of Burial, Sept 18

Undertaker, J B Cook

Place of Business, 707 W Balto St

John Neff M. D.
Medical Attendant.

Address, 558 W Baltimore St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dougherty

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 56 *Years,* — *Months* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 9 months

*Place of Death,* {Give street and number} 15 Wyeth

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Gaverns town Balto Md

*Date of Burial,* Sept 18th 1880

*Undertaker,* Jos B Leach

*Place of Business,* No 707 E Baltimore street

Chas F Nicholson M. D.
Medical Attendant.

*Address,* 285 W Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christen Rousaville

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* — 8 — *Months,* — 3 — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 262 N. Carey St.

*Cause of Death* First, (Primary,) Fall causing Compression of Brain

Second, (Immediate,) Paralysis

*Duration of last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Sept 18th 1880

*Undertaker,* John L Meacher

*Place of Business,* No 150 Canton Av *Address,* 218 N. Carrollton Av

Jno. D. King *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42888

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 17 1888 BALTIMORE.

*Date of Death,* 16th September 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Colar

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bohemia, Austria

*Duration of Residence in the City of Baltimore,* 8 years.

*Place of Death,* {Give street and number} S. Ann Street 288

*Cause of Death* First, (Primary,) Marasmus senilis

Second, (Immediate,) Diarrhoea

*Duration of last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* 18 September

*Undertaker,* Andrew Koehler

*Place of Business,* 244 E. Lombard

William Marsh M. D.
Medical Attendant.

*Address,* S. Wolfe & NE.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42889

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schaum

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Bavaria

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} 7 St Paul St

*Cause of Death,* First (Primary,) Cancer of Uterus

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* three months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Ground

*Date of Burial,* September 17th 1880

[illegible] M. D.
Medical Attendant.

*Undertaker,* Steward & Mowen

*Place of Business,* 35 Park Ave

*Address* 51 St Paul St

Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore.

*Permit No.* 42890

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 15

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alexander Mc Jenny

*Sex, Male or ~~Female,~~* { cross out the word not required in this line. }

*Age,* 1 *Years,* 3 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* { Give street and number } 220 Wash St

*Cause of Death* { First, (Primary,) Consumption
Second, (Immediate,) Colliquative Diarrhea, Exhaustion

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Church St Cemetery

*Date of Burial,* Sept 17

*Undertaker,* H. C. Ross

*Place of Business,* 5 Monument St

Julius Dall M. D.
Medical Attendant.

*Address,* Southern Dispensary
77 Hill St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 42891

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* .....

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Alexander

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. } .....

*Age,* 4 *Years,* 11 *Months,* 28 *Days.*

*Color,* White

*~~Married~~, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number } 4 North St

*Cause of Death* { First, (Primary,) Gastro Enteritis

Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Sept 18th

*Undertaker,* P. Kimmel

*Place of Business,* 317 Walburg St

W. H. Grant M. D.
Medical Attendant.

*Address,* 85 N. Gay St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Burnell Vickers

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 2 *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Covington La.

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and number} 690 Baltimore St. La Belle Mansion

*Cause of Death* {First, (Primary,) Inflammation of Bowels

Second, (Immediate,)

*Duration of last Sickness,* 2 days & 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Sept 18/80

*Undertaker,* J. McCue

*Place of Business,* 707 W. Baltimore St.

J. H. Cain M. D.
Medical Attendant.

*Address,* 186 W. Fay Clot

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1901 — Transit

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dawson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* Six *Months,* Fourteen *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 350 Hanover St.

*Cause of Death,* First, (Primary.) Destitution

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 18th 1880

*Undertaker,* Wm J. Fallon

*Place of Business,* 65 S. Eutaw

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 221 Park Pl.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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KODAK SAFETY FILM

# Board of Health, City of Baltimore,

Permit No. 42894

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 17 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Gibson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 8 *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 34 Thames St.

*Cause of Death,* First, (Primary.) Cholera infantum

Second, (Immediate.) Chronic diarrhoea & marasmus

*Duration of Last Sickness,* three months

All the above information should be furnished by the Physician.

*Place of Burial,* St alphonsus Cemetery

*Date of Burial,* Sept 18th 1880

*Undertaker,* John Lake

*Place of Business,* 1618 Balto St

John S. Lynch M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 42895 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina E. Dyson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 2 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 13 Webster St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diptheria

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept. 19th

*Undertaker,* B. Harle

*Place of Business,* 411 Light st

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42076

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 17th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Scott

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 66 *Years,* One *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widower

*Occupation,* merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} London England 50 years in U.S.

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number} W Baltimore Street 546

*Cause of Death,* First, (Primary.) Epitonitis

Second, (Immediate,) Weakness

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 19th 1880

A. F. Reinhard M. D.
Medical Attendant.

*Undertaker,* H Lewis Schaefer

*Place of Business,* 109 N Fremont *Address,* 224 W Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 12897

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 17th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph F. Cassidy

*Sex, Male ~~or Female,~~* { cross out the word not required in this line. }

*Age,* four *Years,* Eleven *Months,* Six *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number } 410 W Lombard St.

*Cause of Death,* First, (Primary,) " Typhoid Fever

Second, (Immediate,) relapse with Cerebro Spinal Meningitis

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem.

*Date of Burial,* Sept 19th 1880

*Undertaker,* J B Cook

*Place of Business,* 747 W Balto St

M. D.
Medical Attendant.

*Address,* 704 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases.

# Board of Health, City of Baltimore,

Permit No. 42898

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. McElgun.

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 23 *Years,* 2 *Months,* 7 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Blacksmith.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Fourteen years.

*Place of Death,* {Give street and number} 530 W Lombard St

*Cause of Death* First, (Primary,) Pistol shot wound of abdomen

Second, (Immediate,)

*Duration of last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Sep 19th 1880

*Undertaker,* Jos. B. Clark

*Place of Business,* No 707 W Baltimore Street

W. G. Keerle M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12899

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth R Berrington

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Domestic

*Birthplace,* {State or country, (and how long in the United States; if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 141 Edmondson Avenue

*Cause of Death,* First, (Primary,) Cerebral Congestion

Second, (Immediate,) about three days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Sept. 20 1880

*Undertaker,* J. B. Cook

*Place of Business,* 407 W. Balto St. *Address,* 582 W. Fayette St

[illegible] M. D.

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42900

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1 1890 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 15th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stahn

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 14 *Years,* 7 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 11 Years

*Place of Death,* {Give street and number} 219 Boston St.

*Cause of Death* First, (Primary,) Typhoid Fever.

Second, (Immediate,)

*Duration of last Sickness,* 27 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cem

*Date of Burial,* Sept 18th

*Undertaker,* H. Frochlich

*Place of Business,* 244 Eastern Ave

E. J. Wilson M. D.
Medical Attendant.

*Address,* 17 Patterson Pl.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Ba...

Permit No. 42901

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schafer

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 67 *Years,* 4 *Months,* — *Days.*

*Color,* White

~~*Married, Single,* Widow *or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number.} 40 Lancaster

*Cause of Death,* First, (Primary.) Malarial Typhoid

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Sept 18th

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Ave

J Mathieu M.D.,
Medical Attendant.

*Address,* 245 E. Lombard

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Balt...

Permit No. 42902

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elnora Wright

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* *Years.* 8 *Months,* 11 *Days.*

*Color,* Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Yazoo City Miss

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 57 St Paul St

*Cause of Death,* { First, (Primary.) — Second, (Immediate.) Diarrhea

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 18th

*Undertaker,* Abraham Wayman

*Place of Business,* 132 Saratoga St

T. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]**

# *Board of Health, City of Baltimore,*

*Permit No.* 42903

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 18th Sept. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. D. Wiseman

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Seventy two *Years,* Eight *Months,* Ten *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* Sixty two Years

*Place of Death,* {Give street and number} # 400 Mulberry St

*Cause of Death,* First, (Primary,) ~~Do~~ Senile debility &

Second, (Immediate,) old age

*Duration of last Sickness,* Several yrs

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept. 20, 80

*Undertaker,* Jno S. Macher

*Place of Business,* Park & Fayette Sts

[illegible] *M. D.*
Medical Attendant.

*Address,* 584 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07M.]

No. [redacted]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [redacted].**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 47904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence C. Comey

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 19 *Years,* 11 *Months,* ____ *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 164 Orleans St

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Typhoid Fever

*Duration of last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept. 19th 1880

*Undertaker,* Thos. A. Kuykee

*Place of Business,* 60 E Balto St

C. B. Gatch M. D.
Medical Attendant.

*Address,* 13 Orleans St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday Sept 16th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. Patrick Mc Mahon

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 60 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* House Keeper

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* { Give street and number } 11 S Abraham St

*Cause of Death,* { First, (Primary,) Abscess in Necrosis of Lower Maxillary bone

Second, (Immediate,) Pyemia

*Duration of last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's

*Date of Burial,* 19th September

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hanover St

Wilmer Finan M. D.
Medical Attendant.

*Address,* 15½ Fremont Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42906

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Spencer

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* Nine *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Whatcoat St near Mosher

*Cause of Death* { First, (Primary,) Sprains

Second, (Immediate,)

*Duration of last Sickness,* 72 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* W. Peab Cemetery

*Date of Burial,* Sept 18th 1880

*Undertaker,* F. A. Kirchner

*Place of Business,* S. Carrollton Ave

Julius Ball M. D.
Medical Attendant.

*Address,* 317 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 12907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel P. Cooke.

*Sex, Male or Female,* {cross out the word not required in this line.} Male.

*Age,* 69 *Years,* — *Months,* *Days.*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Laborer

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Howard Co.

*Duration of Residence in the City of Baltimore,* 10 years.

*Place of Death,* {Give street and number} 60 Vincent Ally.

*Cause of Death,* First, (Primary,) Valvular disease of Heart.

Second, (Immediate,) Ascites

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 19th 1880

*Undertaker,* Joseph B Leach

*Place of Business,* W. Balt St.

A H Carter M. D.
Medical Attendant.

*Address,* 543 E Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mullein

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 5 *Years,* 4 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 28 Bernard St

*Cause of Death,* First, (Primary,) Bilious Intermittent

Second, (Immediate,) Cholera Morbus

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Sept 20th 1880

*Undertaker,* B. Glade

*Place of Business,* Light St

Jas. A. Steuart M.D.

*Address,* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by. I. E. Snerding

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Bac**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17 - 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bell.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* 5 *Months,* ~~~ *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 11 Clarks Alley

*Cause of Death,* First, (Primary,) ~~~

Second, (Immediate,) Summer Complaint

*Duration of last Sickness,* 1 week.

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Pub'c Cemetery

*Date of Burial,* Sept 18-1880.

*Undertaker,* F A Kirchner

*Place of Business,* ~~~

James A Steuart M. D.
Commissioner of Health
& Registrar

*Address,* ~~~

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exp by Jno F Neuding

[OVER.]

No. 4...

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43910

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Scott

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~,* {Cross ont the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Fredericksburg Va.

*Duration of Residence in the City of Baltimore,* 15 yrs.

*Place of Death,* {Give street and number} 47 King St

*Cause of Death* First, (Primary,) Tuberculosis with heart disease

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 18 1880

*Undertaker,* Wm J. Bungee

*Place of Business,* No 62 East St.

R. B. Morrow M. D.
Medical Attendant.

*Address,* Balto. General Disp.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 17 Sept 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Divine

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 26 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 36 N. Holliday St

*Cause of Death* { First, (Primary,) Tubercular Meningitis
Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Vincent Burial Ground

*Date of Burial,* Sept 19

*Undertaker,* T. Alex Burns

*Place of Business,* 36 Holliday St *Address,* 112 S. Eutaw

W. F. Bates M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 42912

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

*Date of Death,* Sept 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* 7 *Months,* 7 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Policeman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* {Give street and number.} 356 Aliceanna St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* Sept 20th 1880

*Undertaker,* C. F. Krause

*Place of Business,*

Medical Attendant. M.D.,

*Address,* 146 Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42913

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 18 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 - 1880 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah C. Rice

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.} Female

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* Mulatto

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give street and number} 66 Mulberry St

*Cause of Death* First, (Primary,)

Second, (Immediate) Convulsions

*Duration of last Sickness,* Two days (So informed)

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* September 19 1880

*Undertaker,* Kemley & Madden

*Place of Business,* 116 Arch st

Jno W. Withers M. D.
Medical Attendant.

*Address,* 69 North Charles St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 42914

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE.

*Date of Death,* Sept. 18. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cake,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* 11 *Months,* *Days.*

*Color,* white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* House wife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland,

*Duration of Residence in the City of Baltimore,* Twenty-eight yrs.

*Place of Death,* {Give street and number.} 145 S. Chester St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Sept 20 1880

Chas. G. Lusk M.D.,
Medical Attendant.

*Undertaker,* H C Sander

*Place of Business,* 252 Canton Av *Address,* Balt. & Brook. Sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Leon R Gawronski

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 6 *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Teacher

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Podolia, Poland 45 years in U. S

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and number.} ~~Boundary~~ North Ave, near Johns St.

*Cause of Death,* First (Primary,) Cystitis

Second (Immediate,) Extenuation

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem'tery H. S. Lauer M. D.

*Date of Burial,* September 19th 1880 Medical Attendant.

*Undertaker,* Wm Weaver *Address* 45 Franklin St.

*Place of Business,* No 202 N. Eutaw St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 1[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42916

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

Date of Death, September 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Katz

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 73 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} France Darmstadt

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and number} 164 S Broadway

Cause of Death, First, (Primary,) Cancer of Breasts (Scirrhus)

Second, (Immediate,)

Duration of last Sickness, About 12 months.

All the above information should be furnished by the Physician.

Place of Burial, H. Hebrew Cemetery

Date of Burial, 19 September

Undertaker, Denny & Mitchell

Place of Business, 65 Broadway

E. N. Eilan M. D.
Medical Attendant.

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42917

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Sept. 17th 40, Cloudy A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Brown

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ..... Years, ..... Months, 14 " Days.

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, .....

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 38 Vane St.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number} 38 Vane Street

Cause of Death { First, (Primary,) Infantile convulsions.
Second, (Immediate,)

Duration of last Sickness, Since birth.

All the above information should be furnished by the Physician.

Place of Burial, Ulp St Cemetery

Date of Burial, Sept 19

{ Undertaker, H. Bois
{ Place of Business, 94 Lanvale St

Wm H Saunders M. D.
Medical Attendant.

Address, 1E & Clarke Cor Pa Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Th

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 18th; 2:200'clock A.m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann J. Fuster

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 66 *Years,* — *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Lady

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Albany New York.

*Duration of Residence in the City of Baltimore,* 56 Years

*Place of Death,* {Give street and number} Ramsey St. Opposite State St.

*Cause of Death* { First, (Primary,) Intestinal Obstruction
Second, (Immediate,) Typhlodicliditis & subsequent decay

*Duration of last Sickness,* 8 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonny Bray—near Cathedral

*Date of Burial,* Sept. 21st 80.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St. *Address,* 120 Columbia Ave

Wm. J. Eberle M. D.
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* , to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 17th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dill

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 344 Caton Ave.

*Cause of Death* { First, (Primary,) Inanition
Second, (Immediate,) Debility

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Johns Cem.

*Date of Burial,* September 19th 1880

*Undertaker,* H. M. Gilmore

*Place of Business,* do 344 Caton ave

D. J. Gilmore M. D.
Medical Attendant.

*Address,* 2 Hillen Court

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 42920

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 19 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter F Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 39 Arch St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 39 Arch St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 19 1880

*Undertaker,* S Welch

*Place of Business,* 198 Howard St.

Wm B Tarun M.D.,

Medical Attendant.

Honorabling for Dept

*Address,* 57 N Green St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 4...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Angeline Hunter

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 17 *Days.*

*Color,* Colored.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Little Montgomery Bet. Warner & Fremont.

*Cause of Death* { First, (Primary,) Inanition

Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 19 1880

*Undertaker,* W M Chase

*Place of Business,* 148 Howard St

J. Harvey Hill M. D.
Medical Attendant.

*Address,* 119 Edmondson Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Rose

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and number} 48 Ruby

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Haemorrhage

*Duration of last Sickness,* Sev. Years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 19 - 1880

*Undertaker,* S. M. Chase

*Place of Business,* 194 Howard St

H. Coulson M. D.
Medical Attendant.

*Address,* 349 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42923

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 19 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Craft

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 2 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Seven Years

*Place of Death,* {Give street and number.} 53 Preston Street

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,) ——

*Duration of Last Sickness,* about one Year

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* Sept 20th 1880

*Undertaker,* Chas J Serini

*Place of Business,* 278 E Eutaw St

C B Gaunder M. D.
Medical Attendant.

*Address* 59 Cathedral

For Dr Murray

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1880 BALTIMORE

*Date of Death,* Sept 18 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~John Downs~~ James E Perry

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ~~Years~~, Months, 9 Days.

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 32 King St

*Duration of Residence in the City of Baltimore,* 9 Days

*Place of Death,* {Give street and number} 32 King St

*Cause of Death* { First, (Primary,) Convulsions
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shaft Steamboat

*Date of Burial,* Sept 19

*Undertaker,* H. Ross

*Place of Business,* 15 Conway St

J West M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42925 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED SEP 19 1880 BALTIMORE

*Date of Death,* September 18th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Lyon

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* Sixty five (65) *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, ~~Widow or~~ Widower,* { Cross out the word not required in this line. } Married

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Scotland

*Duration of Residence in the City of Baltimore,* 39 years.

*Place of Death,* { Give street and number. } S E Cor Broadway & Madison Street

*Cause of Death,* First, (Primary.) Cancer of Stomach & Omentum

Second, (Immediate.) & Marasmus.

*Duration of Last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cem

*Date of Burial,* Monday Sep 20th

*Undertaker,* Henry H. Mears

*Place of Business,* 45 N Gay St

J W Veltrin M.D.,
Medical Attendant.

*Address,* E Eager Fountain Street

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1880 BALTIMORE

*Date of Death,* September 16 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rosa Gaarway

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 10 *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City MD

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.}

*Cause of Death,* First (Primary,) Pulmonary Phthisis

Second (Immediate,)

*Duration of Last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 19th 1880

*Undertaker,* W. N. Dunges

*Place of Business,* No 42 West St

Charles H. Thomas M. D.
Medical Attendant.

*Address* R & Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 42927

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Betsy Roberts.

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.} Female

*Age,* 65 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Aged Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 6 Bolton St

*Cause of Death,* First, (Primary,) Aneurism of Aorta

Second, (Immediate,)

*Duration of last Sickness,* About two years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 19th 1880

*Undertaker,* Wm. N. Dunges

*Place of Business,* No 62 East St

D. W. Cattell M. D.
Medical Attendant.

*Address,* 220 W Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Ives

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* *Years,* 2 & 1/2 *Months,* & twelve *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 312 E Lexington St

*Cause of Death,* First, (Primary,) Acute Hydrocephalus.

Second, (Immediate,) Paralysis & Convulsions

*Duration of last Sickness,* all together about 8 or 10 days, only ill 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 20th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St — *Address,* 262 Madison Ave

Elias C Price M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, September 18th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Ellwood

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 42 Years, ——— Months, ——— Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} 243 N. Front st

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,)

Duration of last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Sept 20th 1880

{ Undertaker, Henry W. Mears
Place of Business, 46 N. Gay St

A. P. Smyth M. D.
Medical Attendant.

Address, 137 N Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42930

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E. L. Grannatt

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 12 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 416 E. Madison St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Congestion

*Duration of last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* Sept. 20th 1880

*Undertaker,* Wm. Fry & Bro.

*Place of Business,* Broadway & Eager

J. J. Gaw M. D.
Medical Attendant.

*Address,* 133 Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41293/

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Shoetter

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 39 Years

*Place of Death,* {Give street and number} 70 S. Eden St

*Cause of Death* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* About two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* 9/21

*Undertaker,* J B Cook

*Place of Business,* 707 W Pratt *Address,* 582 W Fayette

M. D.

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42932

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 20. 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 19. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Sheppard

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* 4 days

*Place of Death,* {Give street and number.} 889 W. Pratt st

*Cause of Death,* First, (Primary.) Not properly developed at birth

Second, (Immediate.) Lifetime

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* Sept 20th 1880

*Undertaker,* Jos B Cook

*Place of Business,* 1707 W. Baltimore Street

James Bosley M.D.,
Medical Attendant.

*Address,* 319 Hollins st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4429 33

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie M. Merrill.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 25 - *Years,* — *Months,* — *Days.*

*Color,* *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City —

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 62 Centre St. Balto -

*Cause of Death,* First (Primary,) Phthisis —

Second (Immediate,) Exhaustion —

*Duration of Last Sickness,* Several years.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 21st Sept. 1880

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St.

Alan P. Smith M. D.
Medical Attendant.

*Address* 45 - Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 44934

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hesselbacher

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, 16 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number.} 56 Stockton St

*Cause of Death,* First, (Primary.) Malarial Fever.

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 11 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 20 1880 Edward W. Devine M.D.,

Medical Attendant.

*Undertaker,* Chas. T. Semmes

*Place of Business,* 271 W Eutaw *Address,* 1523 Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna D. Weber.

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 182 Fort Ave.

*Cause of Death* First, (Primary,) Enteritis.

Second, (Immediate,) Convulsions.

*Duration of last Sickness,* 5 days 6.

All the above Information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* Sept the 21st 80

*Undertaker,* H. C. Elder

*Place of Business,* 661 Light St

P. J. N. Tall M. D.
Medical Attendant.

*Address,* 152 Sharp St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

*Date of Death,* September 19th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Adelia Milbourne

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* Two *Years,* one *Months,* Seven *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 200. Conway st., Baltimore Md.

*Cause of Death* First, (Primary,) Dropsy & Diarrhoea that

Second, (Immediate,) followed an attack of Measles

*Duration of last Sickness,* over ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetry

*Date of Burial,* 20

*Undertaker,* Ernst Schloman

*Place of Business,* 200. S. Sharp St.

Wm M Nickerson M. D.
Medical Attendant.

*Address,* 164 N. Arlington Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 42937

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 18, 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. Klausmyer

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* Three *Years,* *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Son

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } N Durham 226

*Cause of Death,* First, (Primary.) Diphtheria.

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 8 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. County

*Date of Burial,* Sep 19th 80

*Undertaker,* W. Evans

*Place of Business,* 280 Eastern Ave

J. H. Chambers M.D. M. D.
Medical Attendant.

*Address,* 222 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42938

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Irma Frederick

*Sex, Male or Female,* {Cross out the word not required in this line,}

*Age,* Years, 5 Months, 21 Days.

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 22 Washington Road

*Cause of Death,* First (Primary,)

Second (Immediate,) Diptheria

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician

*Place of Burial,* Western Cemetery

*Date of Burial,* September 20 80

*Undertaker,* Ph. J. Dill

*Place of Business,* 183 Columbia Av.

H. W. Wehner M. D.

Medical Attendant.

*Address* 298 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP. 20. 1880 BALTIMORE.

*Date of Death,* Sept. 18. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas W. West.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male.

*Age,* 53 *Years,* 10 *Months,* 14 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married.

*Occupation,* Brass Finisher.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Chesshire England. 14 years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 99 Orsor St.

*Cause of Death,* {First (Primary,) Chronic Gastritis / Second (Immediate,)}

*Duration of Last Sickness,* 18 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* ~~Greenmount~~ Baltimore Cemetery,

*Date of Burial,* Sept 21st

*Undertaker,* Leo Schilling

*Place of Business,*

Jno. F. Powell. M.D.
Medical Attendant.

*Address* 227 Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1880 BALTIMORE

*Date of Death,* Sept 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Griffin

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* Twenty five *Years,* ~~~ *Months,* ~~~ *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook &c

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 2 Brewer st.

*Cause of Death* { First, (Primary,) Been an invalid 3 yrs Phthisis of throat and lungs for about two months
Second, (Immediate,) Phthisis of throat & lungs

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 20. 1880

*Undertaker,* John C. Jones

*Place of Business,* No 68 Park Ave

Elias C Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 42941

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP. 20 1880 BALTIMORE

*Date of Death,* Sept. 18. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wm. Cundy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* white,

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.} ✓

*Occupation,* Domestic

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 477 E. Monument St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Catholic Cemetery

*Date of Burial,* Sep 21

*{Undertaker,* Fry & Bro

*{Place of Business,* 54 N Broadway

Th. A. Lurk M.D.,
Medical Attendant.

*Address,* Balt. & Bond. 25.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42942

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 18th Sept 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Shepherd

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Georgetown D C

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 57 George St

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) —

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept 20 — Dick Wayne — *M. D.* Medical Attendant.

*Undertaker,* Ed H Shepherd

*Place of Business,* 20 Eutaw — *Address,* Sixth & Jefferson

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

*Date of Death,* Sept 15th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Briscoe

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ..... *Years,* 2½ *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Bay View Asylum

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } Nursery & Child's Hospital

*Cause of Death* { First, (Primary,) Mal-Nutrition. Second, (Immediate,) .....

*Duration of last Sickness,* 4 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 20

*Undertaker,* Wm Bevans

*Place of Business,* 201 Park Ave

C. F. Bevan M. D.
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42944

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42944

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* ____

*Color,* ____

*Married, Single, Widow or Widower,* { Cross out th required in

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimo*

*Place of Death,* { Give street and number }

*Cause of Death,* { First, (Primary.) ____ Second, (Immediate,) ____

*Duration of last Sickness,* ____

All the above information should be furnished by the Ph

*Place of Burial,* St. Alphonsus

*Date of Burial,* Sept 20th 1880

*Undertaker,* B. Harle

*Place of Business,* Light St

*Extract from Regulations of the Boa*
*Vital Statisti*

*Date of Death,* Sept 19

*Name of Deceased,* Louis Aspenall

*Sex, Male or ~~Female~~,*

*Age,* 28 years 12 days

*Color,* White

*Occupation,* Painter

*Birthplace,* Balt

*Duration of Residence in B. C.,* Since Birth

*Place of Death,* 174 West St

*Cause of Death,* { First, (Primary.) Phthisis Second, (Immediate.) Pneumonia 1 Week

*Duration of Last Sickness,* 8 days

~~REMARKS.~~

Theodore Bayha M.D.

SEP 20 1880 BALTIMORE

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~xxxxxx~~ Marshall Daley.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male.

*Age,* ..... *Years,* ..... *Months,* 4 *Days.*

*Color,* white.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balt Md

*Duration of Residence in the City of Baltimore,* 4 days

*Place of Death,* {Give street and number.} 68 N. Amity st.

*Cause of Death,* First (Primary,) Umbilical Hemmorrhage

Second (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 20th 1880

*Undertaker,* Frey & Bros

*Place of Business,* Broadway

H. A. Cromer
& J. I. Mickeau M. D.
Medical Attendant.

*Address* 14 Aisquith st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 20, 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, September 18, 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob R. Houser.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male.

Age, 67 Years, 9 Months, 8 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation, Japaner.

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 56 N. Liberty St.

Cause of Death, First (Primary,) Hypertrophy & Valvular Disease of
Second (Immediate,) Heart and Chronic Nephrites.

Duration of Last Sickness, 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Sept 21st 1880

Undertaker, Stewart & Bowers

Place of Business, 33 Park Ave.

J. C. Powell M. D.
Medical Attendant.

Address 227 Carrollton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, nd the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 42947

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Williams

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Bolton Al. No 9

*Cause of Death* First, (Primary,) Tuberculosis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 21 1880

*Undertaker,* Lemmon Bros & Maddox

*Place of Business,* 166 Orchard St

R. B. Morrison M. D.
Medical Attendant.

*Address,* 156 Lanvale Ste

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. H2948.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 20. 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 20th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Caroline Emerick

*Sex, Male or Female,* {cross out the word not required in this line.} Female.

*Age,* ..... *Years,* ..... *Months,* ..... *Days.* 18

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 642 S Chas all life

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} .....

*Cause of Death* { First, (Primary,) Deficient Nutrition
Second, (Immediate,) .....

*Duration of last Sickness,* all life

All the above Information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* Sept 20 80

*Undertaker,* Ann Stump & Denny

*Place of Business,* No 263 Lafft Ave *Address,* .....

Chas E Smith *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} not Known ~~Schroeteau~~

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 72 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} not Known

*Occupation,* not known

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} not known German not known

*Duration of Residence in the City of Baltimore,* not known

*Place of Death,* {Give street and number} University

*Cause of Death* First, (Primary,) Debility

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* W.E. Pub Cemetery

*Date of Burial,* Sept 18/80

*Undertaker,* F. Kirchner

*Place of Business,* 50 S. Carrollton Ave

FWest M. D.
Medical Attendant.

*Address,* University Hospital

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42950

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Septr 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie O'Hare

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 43 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 24 Years

*Place of Death,* {Give street and number} 41 York St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Hypertrophy of the Heart

*Duration of last Sickness,* No Attending Physician

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sep 21 1880

*Undertaker,* C F Krauss

*Place of Business,*

Jno. Bell M. D.

~~Medical Attendant~~ Coroner Dist

*Address,* 161 So Sharp St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42951

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Conley

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 13 Years

*Place of Death,* { Give street and number } # 246 So. Charles St.

*Cause of Death,* { First, (Primary,) } { Second, (Immediate,) } Phthisis Pulmonalis

*Duration of last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters — Had no Attending Physician

*Date of Burial,* Sept 20-80 — R. J. Bell M. D. Medical Attendant.

*Undertaker,* C. F. Krauss — # 161 Church St. Coroner 1st Dist.

*Place of Business,* — *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PUB. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 42952 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 20 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept 18 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kiely

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Bricklayer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and number.} 2 Creek Alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross

*Date of Burial,* Sept 20-80

*Undertaker,* C. F. Krause

*Place of Business,*

17 Freedom Co Md M.D.,
Medical Attendant.

*Address,* 146 Hanover

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42953

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No:* 42953

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 20 18 BALTIMORE

*Date of Death,* Sept. 20. 1890.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. Brien

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* Three *Years,* Five *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No. 111 Ridgely St.

*Cause of Death,* First, (Primary.) Diphtheria,

Second, (Immediate,) Exhaustion.

*Duration of last Sickness,* Eight Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Tuesday Sept 21st

*Undertaker,* W. J. Fickner

*Place of Business,* 65 S. Eutaw St. *Address,* 222 N. Broadway

J. M. Cranbrook, M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42954

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42954

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1890 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Knipe

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 65 ~~Female~~ *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number} 269 Fayette

*Cause of Death,* First, (Primary.) Albuminuria

Second, (Immediate.)

*Duration of last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 22nd 90

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St.

J. J. Knight M. D.
Medical Attendant.

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Howard

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} N Canal St

*Cause of Death* {First, (Primary,) Hysteritis
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* Sept 21 1880

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St *Address,*

Chas O'Donovan M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday 19th of September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Moriarty

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} M

*Age,* 21 *Years,* 10 *Months,* —— *Days.*

*Color,* White *Sex,* ——

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 52 Valley St

*Cause of Death,* First (Primary,) Phthisis

Second (Immediate) Exhaustion

*Duration of Last Sickness,* 7 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 21 1880

*Undertaker,* James W Byrne

*Place of Business,* No 63 N Front St

Alan P Smith M. D.
Medical Attendant.

*Address* 45 Franklin St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Permit No. 44957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Hensa

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.} " "

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and number.} 327 E. Lombard st.

*Cause of Death,* First, (Primary.) Hypertrophy of Left Ventricle

Second, (Immediate.) of Heart, Asthenia 2nd to Chronic

*Duration of Last Sickness,* 18 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Sweet Home

*Date of Burial,* Sept 22nd 1880

*Undertaker,* Elisha Cox

*Place of Business,* 847 86 Bank St

John B. Monnemie M.D.,
Medical Attendant.

*Address,* S. W. Cor Eden & Wood sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42958

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42958

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Gehring

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} No. 177 E. Lombard St.

*Cause of Death* First, (Primary,) Spasms

Second, (Immediate,)

*Duration of last Sickness,* 1 Day

**All the above information should be furnished by the Physician.**

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* September 21st 1880

*Undertaker,* H. M. Gehring

*Place of Business,* 134 Eastern Ave.

J. H. Otto M. D.
Medical Attendant.

*Address,* 24 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42959

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

*Date of Death,* September 20th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stephan

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.} Male

*Age,* 38 *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Barber

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number} No 108 Columbia Av.

*Cause of Death* { First, (Primary,) Typhoid Malarial
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Sept. 22d 1880

C. L. Baddenbohn *M. D.*
Medical Attendant.

*Undertaker,* Julius Kaehler

*Place of Business,* Sharp & Cross Sts. *Address,* 166 S. Paca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42960

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 20th September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Underwood.

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Shrewsbury Penna.

*Duration of Residence in the City of Baltimore,* 48 years.

*Place of Death,* {Give street and number} 67 Courtland St.

*Cause of Death,* First, (Primary,) old age.

Second, (Immediate,) asthenia.

*Duration of last Sickness,* Has been failing for several Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Sept 22d

Christopher Johnston, Jr. M. D.
Medical Attendant.

*Undertaker,* Geo W Spence

*Place of Business,* 195 W Eutaw

*Address,* 82 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THOS. J. C. HULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4297 61

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 19th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Chamber-maid

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 120 Tyson St.

*Cause of Death,* First, (Primary.) Ulcerated cancer-

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Complaining for over a year.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 21st 1880

*Undertaker,* Hemsley & Trudden

*Place of Business,* #116 Orchard

Wm Whitridge M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this certificate.

# Board of Health, City of Baltimore,

Permit No. 42964 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH SEP. 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Reynolds

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* —— *Months,* 7 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* Home

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Cecil Co. Md 2 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 246 Battery av

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Nervous Prostration

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 21 1880

*Undertaker,* Armstrong & Dem

*Place of Business,* # 263 Light St. *Address,* 17 Harrison av

G. B. Noble M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

TY ▲ FILM ■ ▲

No. 42963

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 10 P.M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Baker

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 77 — *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Widow

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 41 years

*Place of Death,* {Give street and number} 219 Bank St

*Cause of Death* { First, (Primary,) Cancer of Breast
Second, (Immediate,) do — dy

*Duration of last Sickness,* four months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* 22 Sept 1880

*Undertaker,* John L. Schuele

*Place of Business,* 265 Aisquith

*Address,* 8 E. Fayette St

L. A. Bohne, M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY

No. 42964

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20 / 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Buckley Crony

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 37 *Years,* ~ *Months,* ~ *Days.*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 164 Orleans St

*Cause of Death,* { First, (Primary.) ~ Second, (Immediate,) Typhoid Fever ~

*Duration of last Sickness,* 4 Days ~

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 21st 1880

*Undertaker,* Thos J Hughes

*Place of Business,* 606 Balto St *Address,* 139 N. Eutaw St

D. J. Goodwin M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* William M. Post

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} 21 Sept 1880

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 16 *Years,* 11 *Months,* *Days.*

*Color,* *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S.

*Occupation,* Student

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 14 Yrs.

*Place of Death,* {Give street and number.} 142 Townsend St

*Cause of Death,* First (Primary,) Typhoid fever

Second (Immediate,) Septicaemia -

*Duration of Last Sickness,* 4 1/2 weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* Alexandria Va

*Date of Burial,* Sept 22 1880

*Undertaker,* W H Jenkins & Son

*Place of Business,* 16 Light St

J. R. Rage M. D.
Medical Attendant.

*Address* 220 Lindenave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

1903 Transit

No. 42966

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP. 21 1880 BALTIMORE

*Date of Death,* Sept. 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Malechi Ham

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 32 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and number} 141 Gremont Ave

*Cause of Death* {First, (Primary,) Consumption

Second, (Immediate,) 9 Mos

*Duration of last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 22d

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 9d Greenmount Ave

Silas N. Hunter M. D.
Medical Attendant.

*Address,* 36 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42967

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Van Buren J. Frost

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 39 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Coach painter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 282 Central Ave

*Cause of Death* First, (Primary,) Alcoholism

Second, (Immediate,) Apoplexy

*Duration of last Sickness,* 8 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Cem

*Date of Burial,* Sept 22nd 1880

*Undertaker,* Chas I Scriven

*Place of Business,* 2218 Eutaw St

W. B. Billingslea M. D.
Medical Attendant.

*Address,* 256 E. John St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42968

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Blanche Kirchhoff

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 6 *Years,* 2 *Months,* *Days.*

*Color,* white

*~~Married,~~ Single, ~~Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } No 119 German St

*Cause of Death,* First, (Primary.) ~~September 20th 1880~~ Scarlet fever,

Second, (Immediate.) Heart Empoisoning,

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Sept 21st 1880

*Undertaker,* Peter Kemmner

*Place of Business,* Marlborough St

Chas Taylor M.D.,
Medical Attendant.

*Address,* 163 W Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42969

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Bott

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 86 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Farmer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 9 Years

*Place of Death,* {Give street and number} No. 272 Canton Ave

*Cause of Death* First, (Primary,) .....

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paulus Cemetary

*Date of Burial,* September 27th 1880

*Undertaker,* Leonhard Kurz

*Place of Business* S. Broadway & Fleet *Address,* 1 Hill Road

J. J. Gotsch M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry C. Baker

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* 21 *Days.*

*Color,* White *Sex,* Male

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 98 Gerrish St

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery *R. T. Herman* *M. D.*

*Date of Burial,* Sept 22 nd

Medical Attendant.

*Undertaker,* P. T. Grill

*Place of Business,* 131 Hanover St *Address* 175 W. Cary St.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 20 September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorsplince Stewart

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary,) Convulsions

Second, (Immediate,) .....

*Duration of last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 22 "80

*Undertaker,* Wm Smith

*Place of Business,* .....

Marbury Brewer M. D.
Medical Attendant.

*Address,* 68 N. Gilmor St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42972

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzy Edwards

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* 80 Yrs *Years,* 2 *Months,* — *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Virginia 2

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 280 Saratoga

*Cause of Death,* First, (Primary.) Age

Second, (Immediate.)

*Duration of last Sickness,* 1 yr

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Sept 22d 1880

Edwd M Eaton M. D.
Medical Attendant.

*Undertaker,* John L Martin

*Place of Business,* Park & Fayette Sts *Address,* 249 E

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 12970

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12973

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 20. 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Emma Miles

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 3 *Months,* 4 *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 1 Y alley

*Cause of Death* { First, (Primary,) Whooping Cough

Second, (Immediate,) Asthenia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shaplo Ground

*Date of Burial,* Sept 21

*Undertaker,* Jacob Davis

*Place of Business,* 103 Lee street

W S Booze M. D.
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42974

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Noble

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 8 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.} widow

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} N. York 3 years

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} Church Home Infirmary

*Cause of Death,* First, (Primary,) Neuralgia of Heart

Second, (Immediate,) Apnoea

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* ____

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S Broadway

Irving Miller M. D.
Medical Attendant.

*Address,* 1792 E. Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42975

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42975

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 20th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John. B. Karch

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.} Male

*Age,* 43 *Years,* 1 *Months,* 15 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 15 Poultney st

*Cause of Death* First, (Primary,) Typhoid Malaria

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons Cem

*Date of Burial,* September 22

*Undertaker,* P. Ward

*Place of Business,* 411 Light St *Address,* 166 S. Paca st.

C. L. Gaddenbusky M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 12976

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Konig

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 70 Clay St

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 23d 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 46 Druid Hill Ave

C. W. Houck, M. D.
Medical Attendant.

*Address,* 73 E. Balt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invite[illegible] emarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 4497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sep: 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Ward Elmor

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* 9 *Months,* 8 *Days.*

*Color,* White *Sex,* Female

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Elkton Md

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number.} No. 29. South Street

*Cause of Death,* First (Primary,) Cancer (Uterus)

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Country

*Date of Burial,* 22d Sep 1880

*Undertaker,* A.M. Jenkins & Son

*Place of Business,* * 16 Light St

D.T. Whitridge M. D.
Medical Attendant.

*Address* 146 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 12911

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony Kircher

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 69 *Years,* 9 *Months,* 11 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years.

*Place of Death,* {Give street and number} 181 Sterling St.

*Cause of Death* First, (Primary,) Bilious Fever

Second, (Immediate,) Old age

*Duration of last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. A. & J. Church Ct

*Date of Burial,* Sept 22 1880

*Undertaker,* Heinz Hoeck

*Place of Business,* 309 N. Central Ave *Address,* 105 N. Central Ave

Francis T. Sawyer M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

THE SPECIAL ATTENTION of PHYSICIANS IS RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if required so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 6 P.M September 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Lietta Eckert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 8 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number.} 317 E Eager Street

*Cause of Death,* First (Primary,) Paralysis (apoplectic effusion)

Second (Immediate,)

*Duration of Last Sickness,* 14 Months and 19 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sept 23rd 1880

*Date of Burial,* Green Mount Cem

*Undertaker,* Geo Shelley

*Place of Business,* 62 E Saratoga Street

Charles H Thomas M. D.
Medical Attendant.

*Address* 85 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 42980

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 42980

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Br. M. Gonzaga Mulkern

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Male~~ Female

*Age,* 44 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Sister of Mercy

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number} Convent of Mercy No 71 Appleton St

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,) ———

*Duration of last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 21

*Undertaker,* J B Cook

*Place of Business,* 707 W Fayette *Address,* 283 W Lombard St.

Elliott F. Michelle M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Permit No. 42981

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Litter,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 65 n. Chapple St.

*Cause of Death,* First, (Primary.) Diphtheria.

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Aloysius

*Date of Burial,* Sept 22d

*Undertaker,* H. Franke

*Place of Business,* 35 Bank

G. G. Leek *M.D.,*
Medical Attendant.

*Address,* Balt. & Paca sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

5

# Board of Health, City of Baltimore,

Permit No. 42984

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 21 1880 BALTIMORE

*Date of Death,* Sept 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Curlett

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* Washing

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 26 Douglass

*Cause of Death,* First (Primary,) Paralysis + old age

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas of Gunpowder

*Date of Burial,* Sept 20th 1880

F E Chatard M. D.
Medical Attendant.

*Undertaker,* Theo G Locke

*Place of Business,* 78 Jefferson St

*Address* 114 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 42983

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Jean H. Leach

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 53 McElderry St

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Alleghany

*Date of Burial,* Sept 23rd 1880

*Undertaker,* Chas Hickman

*Place of Business,* 23 & N. Gay St

H. G. Rusk M.D.,

Medical Attendant.

*Address,* Balt. & Bond. sts.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42-984

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Thomas J. Brown~~ Sept 20th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas J Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Steveda

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Rochester N Y

*Duration of Residence in the City of Baltimore,* 23 Years

*Place of Death,* {Give street and number.} 112 Battery Ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Lauder Park Cemetery

*Date of Burial,* Sept. 22 80

*Undertaker,* B. Harle

*Place of Business,* 411 Light St.

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42985

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H. Miller

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Employed with Horse & Cart in hauling Sand -

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* always -

*Place of Death,* {Give street and number} N. W. Cor of Warner and Aisquith Sts.

*Cause of Death* First, (Primary,) Caught & buried under, falling or Caving

Second, (Immediate,) of a Sand bank -

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept. 23.

*Undertaker,* W. B. Hall

*Place of Business,* 411 E. Pratt St.

Geo. H. Bell M. D.

~~Medical Attendant~~ Coroner

*Address,* 161 So. Sharp St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42986

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 20 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hercules Ross

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 70 Wilcox ave. Near

*Cause of Death* { First, (Primary,) Pneumonia / Second, (Immediate,) Asthenia

*Duration of last Sickness,* 8 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 22

{ *Undertaker,* Hercules Ross / *Place of Business,* 95 Monument St

W. S. Booze *M. D.*
Medical Attendant.

*Address,* 120 Short St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42987

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sep. 20. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno E. ~~Pugh~~ Pugh

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 21 *Years,* — *Months,* — *Days.*

*Color,* Wh

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 67 Johns alley near John St

*Cause of Death,* First, (Primary.) abscess of Right Hip. "cause" not known "mode of death", by exhaustion.

Second, (Immediate.)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Sept. 22d 1880

*Undertaker,* J E Jordan

*Place of Business,* 63 Park Ave, *Address,* 129 W Baltimore St

G Lane Tanyhill M.D.,
Medical Attendant.

I have not seen the patient since 1879

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42988

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Marshall

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.}

*Age,* 38 Yrs *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 392 Druid Hill Avenue

*Cause of Death,* First, (Primary,) Albuminuria

Second, (Immediate,)

*Duration of last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Sept 23 1880

*Undertaker,* J W Weaver

*Place of Business,* 129 N Paca St

J J Knight M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 48

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42989

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } M. Lafayette Thomas

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 11 *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* { Give street and number } 37 Perkins st

*Cause of Death,* { First, (Primary.) Phthisis

Second, (Immediate,) .....

*Duration of last Sickness,* about six months

All the above information should be furnished by the Physician.

*Place of Burial,* Lauders Park Cemetery

*Date of Burial,* Sept 23rd 1880

*Undertaker,* Jos. B. Cook

*Place of Business,* No 707 N. Baltimore Street

H. L. Miller M. D.
Medical Attendant.

*Address,* 201 Mad. Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42990

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42990

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22/80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Haines

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Virginia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 499 W. Pratt st

*Cause of Death* { First, (Primary,) Phthisis
Second, (Immediate,) Three Months.

*Duration of last Sickness,*

**All the above information should be furnished by the Physician.**

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 22 and 1880

{ *Undertaker,* Jos B. Leach
{ *Place of Business,* No 707 W. Baltimore street

H. L. Shuman M. D.
Medical Attendant,

*Address,* 287 W. Fayette st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42997 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 22, 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Anna M Beameister

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany (48yrs in U.S.)

*Duration of Residence in the City of Baltimore,* 48 yrs

*Place of Death,* {Give street and number.} St Joseph's Hospital

*Cause of Death,* First, (Primary.) Peritonitis following Ovariotomy

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Sept. 23 1880

*Undertaker,* W. Frances

*Place of Business,* 280 Canton ave

Chas L. Cochran M.D.,
Medical Attendant.

*Address,* 58 E Eutaw st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42992

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Anna Belz

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 166 E. Madeira Alley

*Cause of Death,* First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Sept. 23d '80

James E. Shaw M. D.
Medical Attendant.

*Undertaker,* W. France

*Place of Business,* 280 Canton Ave *Address,* 88 S. Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

No. 42993

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42993

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Devlin

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 1 *Years,* 5 *Months,* 13 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number } No 6 O'Donnell St

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore, Md.

*Date of Burial,* September 22d 1880

E. Jones Williams *M. D.*
Medical Attendant.

*Undertaker,* H. H. Gilmanyer

*Place of Business,* 211 Eastern Ave *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42994

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Jeffories

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Worked in a Sand bank

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} N. W. Cor of Warren & Ostend Sts -

*Cause of Death,* First, (Primary.) being Caught under the falling

Second, (Immediate,) of Caving of the Sand bank - in which he was working.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 23rd 1880

*Undertaker,* Amsbury & Denny

*Place of Business,* # 2 & 3 Light St

Ezekiel Beck *M. D.*
(Medical Attendant)

Coroner & Dis

*Address,* 161 & Sharp St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42995

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest McKnew Keaney

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 10 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* ✓

*Place of Death,* { Give street and number } 456 Lanvale st

*Cause of Death* { First, (Primary,) Intercurrent Pneumonia

Second, (Immediate,) Convulsions.

*Duration of last Sickness,* 6 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 22 1880

*Undertaker,* Peter Kummert

*Place of Business,* Mulberry st *Address,* .....

J. McKnew M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 42996

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

*Date of Death,* Sept. 21. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawson F. Applegarth

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 63 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Mariner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 50 yrs.

*Place of Death,* {Give street and number} # 406 E. Madison St.

*Cause of Death* First, (Primary,) Pernicious Fever

Second, (Immediate,) Congestion of Brain

*Duration of last Sickness,* 2 1/2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 23 1880

*Undertaker,* Wm. D. Hughes

*Place of Business,* 60 E. Baltimore St.

Geo. A. Hartman M. D.
Medical Attendant.

*Address,* # 306 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 42997

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 42997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob & Barbara Reitz } Parents

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 7 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 1 Brune St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) convulsions

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem'y

*Date of Burial,* Sept 22 " 1880

*Undertaker,* J. G. Kohlhepp & Co

*Place of Business,* 308 Franklin St

Jas A Steuart M. D.

~~Medical Attendant.~~

*Address,* Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Jas A Steuart

J. J. G. KOHLHEPP & CO. CITY PRINTERS AND STATIONERS

(OVER.)

...to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 42998

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie J. Mills

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 7, *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Washington Co Md

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and number.} 237 Montgomery St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 3 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnybray

*Date of Burial,* Sept 23d

*Undertaker,* Koebler

*Place of Business,* Corner Sharp and Lombard *Address,* 46 Hanover St

Frederick Cook M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

No. 42999

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 42999

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Butler

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 65 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and number} 273 Fault Street

*Cause of Death,* First, (Primary,) Asthma Dropsy

Second, (Immediate,) Senile decay

*Duration of last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 23d 1880

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St

James E. O'Neal M. D.
Medical Attendant.

*Address,* 84 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 43000

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22nd 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel M. Linzey.

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 64 *Years,* ____ *Months,* ____ *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* chairmaker

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* { Give street and number } 182 Aisquith St.

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Phthisis pulmonalis

*Duration of last Sickness,* three years.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Sept 24th 1880

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square

Aug. F. Esch M. D.
Medical Attendant.

*Address,* 94 S. Broadway

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

...M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, if sooner, if requested so to do, under penalty of law.

☞ NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Perry

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 83 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give street and number} No. 235 Bank St.

*Cause of Death* { First, (Primary,) Old age
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 25th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S Broadway

J. R. Cotter M. D.
Medical Attendant.

*Address,* 7 Hill Road

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. [illegible] STATIONERS.

[OVER]

No.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 43003

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 22 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. D. Taylor

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 37 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* House Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number} Cor Jefferson & Chester Sts

*Cause of Death* First, (Primary,) —

Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Sept 24th 1880

*Undertaker,* Benj H Mitchell

*Place of Business,* 65 S Broadway

Jno C B Carpenter M. D.
Medical Attendant.

*Address,* Cor Bridge & Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept - 21 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia - James

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* 3 *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} Nr 111 S Caroline St

*Cause of Death* First, (Primary,) Peturis

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Sept 23 1880

*Undertaker,* William Mongue

*Place of Business,* No 62 East Street

Wm. E. Russell M. D.
Medical Attendant.

*Address,* Broadway & Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 43004

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43004

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lena Lautebach

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 9 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } N. E. Cor Lancaster & Bond Sts

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* 6 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* S. Petrus Cemetery

*Date of Burial,* September 23rd 1880

John H. Pohlman M. D.
Medical Attendant.

*Undertaker,* Leonhard Kurtz

*Place of Business,* S. Bond St. No 255. *Address,* 243 Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 43003

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22d, 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Gibson

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* 12 *Days.*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since born

*Place of Death,* {Give street and number} 301 N. Biddle St.

*Cause of Death,* First, (Primary,) Pertussis +

Second, (Immediate,) Convulsions

*Duration of last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 23

*Undertaker,* Hercules Rose

*Place of Business,* 95 Monument St.

Wm B. Rice M. D.
Medical Attendant.

*Address,* 102 Druid Hill Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 22. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F Fletcher

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 20 Winter St

*Cause of Death* { First, (Primary,) Whooping Cough
Second, (Immediate,) Asthenia

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 23

*Undertaker,* Hercules Ross

*Place of Business,* 7 Monument

W S Booze M. D.
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

# *Board of Health, City of Baltimore,*

*Permit No.* 43007

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Rutling

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 11 *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Frederick City

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* {Give street and number} 123 Druid Hill av

*Cause of Death* First, (Primary,) Probably cerebro-Spinal Meningitis

Second, (Immediate,) Had Convulsions, Opisthotonos Hyperæsthesia

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Fredrick City Md

*Date of Burial,* Sept 24th 1880

*Undertaker,* Andrew Lutz

*Place of Business,* 118 Druid Hill

G J Mitchell M. D.
Medical Attendant.

*Address,* 23 McCulloh st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1905

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday Sept 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos Tracy

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* half hour *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 71 Harford Ave

*Cause of Death,* First, (Primary.) Asphyxia owing to tedious labor

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 23

Milton Benton M. D.
Medical Attendant.

*Undertaker,* Henry Kline

*Place of Business,* 20 Neighbor st. *Address,* 25 1/2 Hanover ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 47008

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 43009

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly* filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 22nd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Heitaffer

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Assistant House Keeper

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 387 E Eager St

*Cause of Death,* { First, (Primary,) Phthisis Pulmonalis / Second, (Immediate,) asthenia

*Duration of last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* Sep 23

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Pratt *Address,* 259 Maryland Ave

J. H. Grimes M. D.
Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43010

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lennie Cole

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 7 *Months,* 18 *Days.*

*~~Color~~,*

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~.*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 339 N. Bond

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemoptysis Exhaustion

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Balti Cemetery

*Date of Burial,* Sept 24th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St

W. T. White M.D.,

Medical Attendant.

*Address,* 339 N. Broadway

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 43011

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23 / 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Clancy

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* News boy

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 21 yrs.

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 yrs.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Sept 23-1880.

*Undertaker,* Jas. Mulchy

*Place of Business,* 121 Boyd St

J A Braukman M.D.,
Medical Attendant.

*Address,* City Hosp.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43012

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kaufman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 21 *Years,* — *Months,* — *Days.*

*Color,* ~~none~~ Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hanford Co Ind

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number} No 10 Machanic st

*Cause of Death* {First, (Primary,) —

Second, (Immediate,) Pulmonic Consumption

*Duration of last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 23rd

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga st

D. F. Cooper M. D.
Medical Attendant.

*Address,* 134 N High st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

*Date of Death,* 21 Sept. 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Fisher

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 35 *Years,* —— *Months,* —— *Days.*

*Colored*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cambridge

*Duration of Residence in the City of Baltimore,* One Month

*Place of Death,* {Give street and number} 101 S. Dallas St

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* One ~~Month~~ Year

All the above information should be furnished by the Physician.

*Place of Burial,* Cambridge Dorchester county Maryland

*Date of Burial,* Sept 23 /80

S. H. Martin *M. D.*
Medical Attendant.

*Undertaker,* Charles A White

*Place of Business,* 35 Granby St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Born 1906

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43014

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hackett

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days.*

*Color,* Col

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 33 Force St

*Cause of Death,* First, (Primary,) Heart disease

Second, (Immediate,) prostate

*Duration of last Sickness,* Several Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* Sept 23rd 1880

Edmund R Walker M. D.
Medical Attendant.

*Undertaker,* Geo H Perkins Jr & Co

*Place of Business,* 130 Hanover St *Address,* Carrollton P O

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 43015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP. 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 22. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter S. R. Pratt,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White — *Sex,* Male —

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Cecil Co. Md —

*Duration of Residence in the City of Baltimore,* 4 years —

*Place of Death,* {Give street and number.} 422 W. Fayette st —

*Cause of Death,* First (Primary,) Acute Inflam. Rheumatism —

Second (Immediate,) & Cardiac Disease

*Duration of Last Sickness,* 3 mos —

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 24th 1880

*Undertaker,* J B Work

*Place of Business,*

I. L. Ingle M. D.
Medical Attendant.

*Address* 247 Lawson st —

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43016

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or to whom it is presented so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 7.30 A.M. September 23. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Jennings

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 11 *Months,* 2 *Days.*

*Color,* White

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shipwright

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 57 N. Bond Street

*Cause of Death,* {First (Primary,) Malarial Fever
Second (Immediate,)}

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sept 25th 1880

*Undertaker,* Jas O'Byrne

*Place of Business,* 68 Gunter

Charles H. Thomas M. D.
Medical Attendant.

Address 86 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43017

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 24. 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept. 23, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace L. Taylor

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* *Days.*

*~~Color~~,*

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 62½ E. Eager St

*Cause of Death,* First, (Primary.) Scarlatina Anginosa

Second, (Immediate.)

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Sep 24

*Undertaker,* Fry & Son

*Place of Business,* 522 Broadway

J. [illegible], *M.D.,*
Medical Attendant.

*Address,* 96 S Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43618

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Herfel

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} No 8 S. Wolfe St.

*Cause of Death,* First, (Primary.) Pulmonary Phtisis

Second, (Immediate.) the same

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* Sept. 24

*Undertaker,* Wardell & Hill

*Place of Business,* 151 S Bond

Henry Baker M.D.,
Medical Attendant.

*Address,* 167 Wolfe

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 1401

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23d, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Statia Raddeucher

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* 7 mo.

*Place of Death,* {Give street and number} Shakspeare St

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ch. yr.

*Date of Burial,* Sept. 24th

*Undertaker,* Wendel Diffad

*Place of Business,* S. Bond st. 151

John H. Rehberger M. D.
Medical Attendant.

*Address,* 243 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS,

Permit No. 43020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

*Date of Death,* Sept. 23d 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan M. Shultz

*Sex, Male or Female,* { cross out the word not required in this line. } F.

*Age,* 85 *Years,* *Months,* *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 80 yrs.

*Place of Death,* { Give street and number } 282 E. Monument St.

*Cause of Death* { First, (Primary,) Genl. Debility

Second, (Immediate,)

*Duration of last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Friends burial Ground

*Date of Burial,* Sept 26th 1880

*Undertaker,* Wm Grey & Bro

*Place of Business,* Broadway

A. T. Reynolds M. D.
Medical Attendant.

*Address,* 186 Aisquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M Becker

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} No 306 Cross St

*Cause of Death,* First (Primary,) Marasmus

Second (Immediate,)

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Sept. 24th 1880

J J Woods M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address* 202 N London St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

**Permit No.** 43042

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margt Maund Eleanor & Matilda Murphey, = Thos Father Dead,

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 *Days*

*Color,* White,

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City,

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 35. Pearl St.,

*Cause of Death,* {First (Primary,) Pulmus Malcentiund, = Mal

{Second (Immediate,) Called Dr Nee & He to see this

*Duration of Last Sickness,* little Patient, = Was sick 2 days,

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Septr. 24. 80

*Undertaker,* Philip S. Dee

*Place of Business,* 183, Columbia Ave

John I. [illegible] M.D.
Medical Attendant.

*Address,* City,

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Charlotte Hipps

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 10 *Months,* 3 *Days.*

*Color,* White *Sex,* Female

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City — ✓

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number.} 214 N. Durham Street

*Cause of Death,* First (Primary,) Laryngeal Diphtheria

Second (Immediate,) Asphyxia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel cem't *G. C. Gibbons* *M. D.*

Medical Attendant.

*Date of Burial,* Sept 24th

*Undertaker,* Jacob Bucker

*Place of Business,* No 224 Canton av *Address* 47 Edmondson ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

# Board of Health, City of Baltimore,

Permit No. 43024

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

*Date of Death,* September 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Hampshon

*Sex, Male or Female,* {cross out the word not required in this line.} Female.

*Age,* 93 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.)} Balto Co. Maryland

*Duration of Residence in the City of Baltimore,* 80 years

*Place of Death,* {Give street and number} 23 North Street

*Cause of Death* {First, (Primary,) Erysipelas (Leg)
Second, (Immediate,) Old Age

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem.

*Date of Burial,* Sept 27 1880

*Undertaker,* Henry McMadden

*Place of Business,* 116 Orland St

E. A. Gillis M. D.
Medical Attendant.

*Address,* 157 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 43025 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sunday Sept 21st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel Jackson

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. } Male

*Age,* 32 *Years,* — *Months,* — *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. } Single

*Occupation,* Waiter

*Birthplace,* { State or country (and how long in the United States, if of foreign birth.) } Baltimore City

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* { Give street and number. } 2 Cumberland St

*Cause of Death,* { First (Primary,) Phthisis Pulmonalis / Second (Immediate,) Exhaustion

*Duration of Last Sickness,* three months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* Sept 24 1880

*Undertaker,* Abraham Hayman

*Place of Business,* No 13 Saratoga St

C. Finlah M. D.
Medical Attendant.

*Address* 51 h Calvert St

Baltimore Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...the Special Attention of ...

# Board of Health, City of Baltimore,

Permit No. 43026

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 23d. September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wittstadt.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 4 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~

*Occupation,* ~~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During lifetime.

*Place of Death,* {Give street and number} Chaptank street 193,

*Cause of Death* { First, (Primary,) Cynanche Tracheatis
, { Second, (Immediate,)

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paulus Cemetery

*Date of Burial,* Sept. 24th 1880

*Undertaker,* L. Ritz

*Place of Business,* No. 129½ S. Broadway *Address,* S. Wolfe & Ill.

William Henkel M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Ba...

Permit No. 43027

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Era May Lancaster

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* Eight *Months,* —— *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ——

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Cross St & Hanover.

*Cause of Death,* First, (Primary.) Concussion of Brain from a fall

Second, (Immediate.) Convulsions & Coma

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet cemetery

*Date of Burial,* Sept 24 1880

*Undertaker,* Fox, Bleeks

*Place of Business,* 1702 & 1704 Eutaw Street

Dr Lancey H. Barclay M.D.,
Medical Attendant.

*Address,* 47 Conway St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 23. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gibson Kolb

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 7 *Years,* 6 *Months,* *Days.*

*Color,* Br —

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} No. 46 S. Mount St.

*Cause of Death* {First, (Primary,) Scarlatina

Second, (Immediate,)

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Sept 24 1880

*Undertaker,* Jon B Earle

*Place of Business,* No 702 W Baltimore street *Address,* 306 N Gayetto St

Chas. G. Keyser M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43029

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Sturgeon

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 27 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 7 Months

*Place of Death,* {Give street and number} No 55 Hull Street

*Cause of Death,* First, (Primary.) Acute Rheumatism

Second, (Immediate,) Puerperal Fever

*Duration of last Sickness,* 4 Weeks with Rheumatism Confined and death in 3rd

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* Sept. 24 1880

*Undertaker,* H. Dauer

*Place of Business,* 74 S. Broadway

Geo. J. Brewer M. D.
Medical Attendant.

*Address,* 258 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 113030

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Margaretha Tollrath

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 73 *Years,* 9 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housework

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and number} W. 165 S. Eden st.

*Cause of Death,* First, (Primary,) Paralisis agitans

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Sept 25th 1880

L. A. Winternitz M. D.
Medical Attendant.

*Undertaker,* Caspar Eckhardt

*Place of Business,* Baltimore ave *Address,* 112 S. Eden st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 43031

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Heaney

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* House wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* {Give street and number} City Hospital

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's

*Date of Burial,* Sep 19

*Undertaker,* M. Carberry

*Place of Business,* 64 E. Balto

H. B. Hodges M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of [illegible]

Permit No. 43032

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Sept 23, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Washburn

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 3 *Months,* 9 *Days.*

*~~Color~~,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 280 McDonough St

*Cause of Death,* First, (Primary.) Burn

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Md

*Date of Burial,* Sept 25 1880

*Undertaker,* Henry Hack

*Place of Business,* 30 N Central Ave *Address,* 417 S. Broadway

H. B. B. White, M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of B...

Permit No. 43033 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Moran

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 14 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 115 E. Eager St

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.)

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Sept 23d

*Undertaker,* H. C. Weidefeld

*Place of Business,* 70 Guilford Ave *Address,*

Wm. Whitridge M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the time and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 22d September 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerrit Griffiths,

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* — *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 406 Madison Ave Balto City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 406 Madison Avenue

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) Cerebral Congestion,

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 25th

*Undertaker,* C. H. Bryan

*Place of Business,* 201 E. Balto

C. W. Jones, M. D.
Medical Attendant.

*Address,* 5 S. W. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Duplicate

HEALTH DEPARTMENT SEP 24 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Byrd

*Sex,* ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

*Age,* abt 84 - *Years,* — *Months,* — *Days*

*Color,* W

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 52 Raden St.

*Cause of Death,* First (Primary,) 3 Heart Disease

Second (Immediate,) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 24 th

*Undertaker,* H. C. Wiedefeld & Co *Address,* 62 E Balto St

*Place of Business,* 60 Greenmount Ave

Chas M. Morfit M.D.
Corner E & Balto St
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

e Special Attention of Physicians is respectfully

# Board of Health, City of Baltimor

OFFICE OF REGISTRAR OF VITAL STATISTICS.

ermit No. 43036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled* , to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 24 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 24: 11 o, clock A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah M. E. Willingham

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* 15 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 6 Stockholm Street

*Cause of Death* First, (Primary,) Inflammatory Croup.

Second, (Immediate,) ———

*Duration of last Sickness,* 48 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Sept-25-89

*Undertaker,* John S. Mackey

*Place of Business,* Pace & Camden

Geo. W. Gardner M. D.
Medical Attendant.

*Address,* N. E. Cor. Clinton Ave. & Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Called to the Following Regulations.

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43,037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1880 BALTIMORE

*Date of Death,* September 23. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Langley

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Eleven Years

*Place of Death,* {Give street and number} 318 Cross St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Sept 26th 1880

*Undertaker,* Sam'l McElwee

*Place of Business,* 198 S. Howard St

W. S. Bartz M. D.
Medical Attendant.

*Address,* 206 Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

*Permit No.* 43038 OFFICE OF REGISTRAR OF VITAL ST[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Smallwood

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* about 90 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Co. Maryland

*Duration of Residence in the City of Baltimore,* I do not know

*Place of Death,* {Give street and number.} 37 Clarke St

*Cause of Death,* First (Primary,) Gradual failure from old age

Second (Immediate,) (see back of this report)

*Duration of Last Sickness,* Five or six months

All the above information should be furnished by the Physician.

*Place of Burial,* Lauden Park

*Date of Burial,* Sept 26 1880

{*Undertaker,* J. Frank Towne

{*Place of Business,* Fremont Bulls 905

S. A. Shaw M. D.
Medical Attendant.

*Address* 141 Lanvale St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Sept 24th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 4 Years, 10 Months, Days.

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 59 N. Durham St

Cause of Death, First, (Primary.) (From extensive Burn)

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, 25 of September

Undertaker, Ambrose Kohler

Place of Business, 244 E. Lombard st

Thomas J. Evans M. D.
Medical Attendant.

Address, 92 Jackson Place

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43040 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 24/80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Leonard Weitzel

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 85 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* wood sawyer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Germany 30 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 26 Ensor st

*Cause of Death* { First, (Primary,) General debility / Second, (Immediate,) Dysentery

*Duration of last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Sept 26/80

*Undertaker,* C. Weber

*Place of Business,* 26 Ensor st

F Alburne *M. D.*
Medical Attendant.

*Address,* 256 N Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 43041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Wm. Minster

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 1 *Years,* — *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto.

*Duration of Residence in the City of Baltimore,* 1 yr

*Place of Death,* {Give street and number.} 5 Randall St.

*Cause of Death,* {First (Primary,) Diarrhea

Second (Immediate,) 3 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* September 25th

*Undertaker,* B. Hoile

*Place of Business,* 411 Light St.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE.

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover & Barre Sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 130644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 23rd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Mullin

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* — *Years,* 4 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 137 Rutter St

*Cause of Death,* { First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* all of Life Months less

All the above Information should be furnished by the Physician.

*Place of Burial,* Laid to Rest

*Date of Burial,* Sept 25th 1880

*Undertaker,* Wm N Dempsey

*Place of Business,* 62 Exchange Pl

James A Clemm M. D.
~~Medical Attendant.~~

*Address,* Comm of Health
H Reg Colored

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by J. V. Fitzpatrick

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gohlhofer

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Silk Weaver

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* About 50 years

*Place of Death,* {Give street and number} Mc Donough St

*Cause of Death* { First, (Primary,) Old age
Second, (Immediate,) Extreme exhaustion

*Duration of last Sickness,* About 6 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* 26 Sept

*Undertaker,* John W Jackson

*Place of Business,* 528 N Gay St

Milton A Taylor M. D.
Medical Attendant.

*Address,* Broadway & Mc Elderry st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 24th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Daley

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 30 *Years,* 2 *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* { Give street and number } 68 N Ann St

*Cause of Death,* { First, (Primary,) Chronic Diarrhea, &c.
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Sep 25 '80

*Undertaker,* Fry & Peo

*Place of Business,* 32 N Broadway

D M Cattell M. D.
Medical Attendant.

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL

*Permit No.* 43045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 25 1920 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* September 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Yoe

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 5 Months, 6 Days. 24

*Color,* White *Sex,* Female

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 5 Years - 6 Months - 24 days

*Place of Death,* {Give street and number.} Park Avenue - 175.

*Cause of Death,* First (Primary,) Typhoid Malaria

Second (Immediate,)

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount J. E. Lindsay M. D.

*Date of Burial,* Sunday. 26 Sept. Medical Attendant.

*Undertaker,* ~~A. Andrews~~ Andrews & Hodges *Address* 159 Park Ave

*Place of Business,* No 4x6 Druid Hill Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43046

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Gribbin

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Maryland

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number} 21 Front St

*Cause of Death,* First, (Primary,) Premature Child birth

Second, (Immediate,) Blood poison irritative fever exhaustion

*Duration of last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* September 26th/80

*Undertaker,* M Clarke & Sons

*Place of Business,* 64 E Balto St

E C Baldwin M. D.
Medical Attendant.

*Address,* 124 S Exeter St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE

*Date of Death,* Sept 24 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Gantt

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert Co. Md

*Duration of Residence in the City of Baltimore,* 9 Years

*Place of Death,* {Give street and number} 323 Lemmon St

*Cause of Death,* First, (Primary.) Enteritis

Second, (Immediate.) Occlusion

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Calvert Co Md

*Date of Burial,* Sept 26th 1880

Thos Quinan *M. D.*
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W Fayette St *Address,* 680 W Fay

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43048

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 24 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine ~~Lee~~ Walter Keagan

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male } Parents

*Age,* ..... *Years,* ..... *Months,* 2½ hrs *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 362 Williams St

*Cause of Death* { First, (Primary,) Marasmus / Second, (Immediate,) Diabetes

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 25th 1880

*Undertaker,* Undertaking Company

*Place of Business,* Light & Monument *Address,* 108 S Sharp St

A. K. Smith M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, September 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Stevens

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 5 years, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and number} 70 N. Calvert Street

Cause of Death, First, (Primary.) Scarlatina.

Second, (Immediate,) Acute Nephritis

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sep 25 1880

Undertaker, John H. Weaver & Co

Place of Business, W. Fayette St

Address, 317 Madison Avenue

A. Carey Hume M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE

*Date of Death,* Sept 24 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Barber

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days.*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Dur. life

*Place of Death,* {Give street and number} 92 Orchard st

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loud Cemetery

*Date of Burial,* Sept 25 1880

J. H. Miller M. D.
Medical Attendant.

*Undertaker,* Henry Poole Madeira

*Place of Business,* 66 Orchard St

*Address,* 89 Broene St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE

*Date of Death,* Sept 22, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mc Coy (McKevitt)

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 28 yrs

*Place of Death,* {Give street and number} & Little Ensor st

*Cause of Death* First, (Primary,) Apoplexy

Second, (Immediate,)

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Sept 25th 1880

*Undertaker,* Wm H Hickman

*Place of Business,* 234 N Gay St.

M. B. Billingslea M. D.
Medical Attendant.

*Address,* 256 E. John st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 1880 BALTIMORE.

Date of Death, Sept. 23rd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Carr

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 55 Years, ——— Months, ——— Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and number} 204 Asquith St.

Cause of Death, First, (Primary,) Encephaloid Cancer of breast

Second, (Immediate,) Exhaustion from ulceration

Duration of last Sickness, 2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Sept 26th 1880

Undertaker, Wm H Heckman

Place of Business, 234 N. Gay St.

Clark Van Bibber M. D.
Medical Attendant.

Address, 47 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25 to 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lawlor

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.* 0

*Color,* White

*~~Married, Single,~~ Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Non

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} Fr Chas Co Poorhouse City Hospital

*Cause of Death* First, (Primary,) Diarrhoea

Second, (Immediate,)

*Duration of last Sickness,* About one week

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath Cem

*Date of Burial,* Sept 26th 1880

*Undertaker,* Jos H Byrne

*Place of Business,* 57 N Paca St

Charles A Donovan M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43054

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 25, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Matthews,

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 47 S. Exeter St

*Cause of Death* {First, (Primary,) Cancer of Stomach

Second, (Immediate,)

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 27th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St *Address,* 75 E. Baltimore St

J. W. Hook M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43055

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPART. SEP 25 1880 BALTIMOR

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Meyers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* } *Months,* 11 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 143 S. Register St.

*Cause of Death,* First, (Primary.) Scarlatina malig.

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Sept 26th

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Av.

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43056

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25 - 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Du Jant Livia nee Charlotte King

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Randall St near Light St.

*Cause of Death,* {First, (Primary,) Inanition

Second, (Immediate,)

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom

*Date of Burial,* Sept 26th 1880

*Undertaker,* Simon Calstein

*Place of Business,* Calvert St

Thos A Stephenson M. D.
~~Medical Attendant.~~
Commissioner of Health
& Registrar

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L, J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

E. & O. E. Omo. E. Dunding

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Light

*Sex,* ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

*Age,* abt 39 *Years,* — *Months,* — *Days*

*Color,* b

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Frederick Co Md

*Duration of Residence in the City of Baltimore,* abt 15 Yrs

*Place of Death,* {Give street and number.} 2 W. McElderry St Const

*Cause of Death,* {First (Primary,) Convulsions} {Second (Immediate,) Puerperal Eclampsia}

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Hawkins Cemetery

*Date of Burial,* Sept 25 - 1880

*Undertaker,* J H Chase

*Place of Business,* 198 Broadway

Chas M. Moffit M.D.
Medical Attendant.

*Address,* Corner E & Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 26 1880 BALTIMORE.

*Date of Death,* September 24 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L Stout

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Machinist

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 67 S Schroeder st

*Cause of Death,* First, (Primary,) Brights Disease

Second, (Immediate,) Uremic Poisoning

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sept 26 1880

*Undertaker,* Jos B Leach

*Place of Business* 1107½ Baltimore Street

John Nipp M. D.
Medical Attendant.

*Address,* 1160 Lamdin & Harlem Av

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1889 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Hornstein

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* 25 *Years,* — *Months,* — *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Poland

*Duration of Residence in the City of Baltimore,* abt 7 yrs

*Place of Death,* {Give street and number.} 42 Hanover St

*Cause of Death,* {First (Primary,) Child birth / Second (Immediate,)}

*Duration of Last Sickness,* abt 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bolair Road

*Date of Burial,* September 25th

*Undertaker,* Morris Pines

*Place of Business,* 42 Hanover St

Chas Wolff M.D.
Medical Attendant.

*Address,* 62 Balto

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Nichols

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} dont Know

*Duration of Residence in the City of Baltimore,* "

*Place of Death,* {Give street and number} J. H. Asylum 206 W Biddle St

*Cause of Death* { First, (Primary,) Starvation & ill treatment before
Second, (Immediate,) admission into Asylum.

*Duration of last Sickness,* dont Know, only in Asylum 3 or 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Sept 26 1880

*Undertaker,* Andrew Hughes

*Place of Business,* 426 Druid Hill ave

R. Winslow M. D.
Medical Attendant.

*Address,* 207 W Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 43061

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 24th Sept 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 61 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland Howard Co.

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give street and number} 72 Beason St. E. P.

*Cause of Death* First, (Primary,) Suspect'd Fits for 16 Years

Second, (Immediate,) Intermittent Fever during chron

*Duration of last Sickness,* Chronic condition—4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Howard Co. Md.

*Date of Burial,* September 26. 1880.

*Undertaker,* H. A Dagger

*Place of Business,* 748 S. Broadway

E. W. Gunner M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 26 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Barth

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 16 Hull St. Locust Point

*Cause of Death* { First, (Primary,) Meningitis
Second, (Immediate,)

*Duration of last Sickness,* One Week Attended

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem.

*Date of Burial,* Sep. 26. 1880

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

J. Smith M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible] of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 43063

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edwin Thomas

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 25 *Years,* 1 *Months,* 19 *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

*Occupation,* Coal oil Weigher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 246 Gough st

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.)

*Duration of last Sickness,* Eighteen Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Sep. 26, 1880

*Undertaker,* M. A. Dacier

*Place of Business,* 74 S. Broadway

Thomas J. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 430644

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 25th September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible] Cooper (not named)

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 2 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 174 Hanover st

*Cause of Death,* First, (Primary.) Congestion of Lungs.

Second, (Immediate.)

*Duration of Last Sickness,* since birth

**All the above Information should be furnished by the Physician.**

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Sept 26th.

*Undertaker,* W. N. Stroll

*Place of Business,* 131 Hanover St

F. W. Webster Jr., M.D.,
Medical Attendant.

*Address,* 54 Bunett

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Called

# Board of Health, City of Baltimore,

Permit No. 43065

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 25 1882 BALTIMORE MD

## CERTIFICATE OF DEATH.

Date of Death, Friday Sept 24th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Handy E.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 2 Years, 2 Months, Day.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 227 Raborg St

Cause of Death { First, (Primary,) Whooping Cough
, Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 26 1882

{ Undertaker, Charles A Mc C
{ Place of Business, 33 Saratoga

Emmett Norris M. D.
Medical Attendant.

Address, 552 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 22. 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Darcy

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 1 *Years,* 9 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* { Give street and number } 149 York St

*Cause of Death* { First, (Primary,) Pneumonia / Second, (Immediate,) Asthenia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept. 24th 80

*Undertaker,* Geo W. Perkins Jr & Co

*Place of Business,* 150 Hanover St

W. S. Bouze *M. D.*
Medical Attendant.

*Address,* 20 & Shippen St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 41307

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

*Date of Death,* Sept 26. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Ffom

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 ~~8~~ *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 13 Wilkes st

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diphtheria

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* September 27 Theodore Cotte M.D.,

Medical Attendant.

*Undertaker,* B Marle

*Place of Business,* 411 Eighth st. *Address,* 146 Hanover st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY ▲ FILM

Permit No. 13068

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

*Date of Death,* Sept. 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McGee.

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* Tyler.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give street and number.} 217 N. Front St

*Cause of Death,* First, (Primary.) Old Age.

Second, (Immediate.) General Debility

4 months.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mary Cemetery Govanstown

*Date of Burial,* Sept 27th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N Eay St

Edwd. J. McGrath M.D.,
Medical Attendant.

*Address,* 133 N. Eden

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Pittroff

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 17 Days.

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} ~~S. E. cor.~~ Washington St. & Caroline Ave

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Convulsions.

*Duration of last Sickness,* Two days.

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical Cem.

*Date of Burial,* Sept 27th

Aug. F. Erich M. D.
Medical Attendant.

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Ave

*Address,* 94 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Permit No. 43070

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP. 27 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Septr 25th 1880. 7. P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Langenwalt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Twenty two (22) *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 230. E. Eager Street

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* One (1) Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Aloysius Cem

*Date of Burial,* Sept 28, 1880

*Undertaker,* Henry Hoerle

*Place of Business,* 309 Central Ave

E. W. Schaun *M.D.,*
Medical Attendant.

*Address,* S. E. Cor Eager and Linden Streets

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 2 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 26 — 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Mercer

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 48 Woodward St

*Cause of Death* { First, (Primary,) Second, (Immediate,) } Malignant Scarlet fever.

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial* Western Cemetery

*Date of Burial,* Sept 27th 1890

*Undertaker,* Wm. B. Leach

*Place of Business,* No 702 W. Baltimore Street

Spencer Kane M. D.
Medical Attendant.

*Address,* 232 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 27 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 25th of Sept 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Cornelius Brown Sen.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* *Months,* *Days.*

*Color,* white *Sex,* male

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Segar store keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Carroll Co

*Duration of Residence in the City of Baltimore,* all his life time

*Place of Death,* {Give street and number.} 209 Saratoga St.

*Cause of Death,* {First (Primary,) Old age

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western cem *Wm Wiseman* *M. D.*

Medical Attendant.

*Date of Burial,* Sep 27

*Undertaker,* E Stoltzfoot

*Place of Business,* Baltimore *Address* 120 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Carroll

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single,~~ *Widow* ~~or Widower,~~ {Cross out the word is not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Manchester England

*Duration of Residence in the City of Baltimore,* 54 years

*Place of Death,* {Give street and number.} No 320 Park Avenue

*Cause of Death,* First (Primary,) General Atrophy

Second (Immediate,) Concussion of the brain from accident

*Duration of Last Sickness,* Indefinite health for fifteen years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept 28th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

James Dimitage M. D.
Medical Attendant.

*Address* No 14 S Pacca St
Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43044 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Forsyth Duff

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 11 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 307 E. Balto. St.

*Cause of Death,* First, (Primary.) Acute Meningitis

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Sept 28/80

*Undertaker,* Fry & Bro

*Place of Business,* 37 & 39 Broadway

R. W. Mansfield *M.D.,*
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* ~~Sept~~ 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Rillenbrun

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* *Years,* 15 *Months,* 25 *Days.*

*Color,* White *Sex,* Female

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Chester Illinois

*Duration of Residence in the City of Baltimore,* 13 months

*Place of Death,* {Give street and number.} 38 S Kirk Ln South

*Cause of Death,* First (Primary,)

Second (Immediate,) Pneumonia Croup

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cty

*Date of Burial,* Sept 27th 1880

Wm D L Larkin *M. D.*
Medical Attendant.

*Undertaker,* John S. Mucher,

*Place of Business,* Park & Fayette Sts *Address* No 762 W Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43076

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 25th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hann

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 81 *Years,* 9 *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* Truck Carter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give street and number} Near his residence on Conway St No 182 Conway St

*Cause of Death* {First, (Primary.) / Second, (Immediate,)} Heart Disease

*Duration of last Sickness,* About Twenty Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* London Park City

*Date of Burial,* Sept 27th 1880

*Undertaker,* Wm Schacher

*Place of Business,* Park & Fayette Sts

E. A. Bell M. D.
~~Medical Attendant~~
Coroner &c

*Address,* 101 E Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43077

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Sept. 27/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Turner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 310 S. Dallas St.

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.)

*Duration of Last Sickness,* 4 mths

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemtry

*Date of Burial,* Sept. 28th 1880

R. W. Mansfield M.D.,
Medical Attendant.

*Undertaker,* Wm. Nicolaus

*Place of Business,* 258 Alice Ann St. *Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Dorman

*Sex, Male ~~Female~~,* {cross out the word not required in this line.}

*Age,* ~~[illegible]~~ *Years,* ~~[illegible]~~ *Months,* 13 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 223 Carlton ave

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate,) Asthenia

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cem'y

*Date of Burial,* Sept 27 '1880 Thos. F. Stein M. D.
~~Medical Attendant.~~

*Undertaker,* John Beecher

*Place of Business,* 218 Carlton ave *Address,* Comm'r of Health Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Geo E. Taylor M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to those on the Other Side.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Penning.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* ____ *Months,* ____ *Days.*

*Color,* White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number} 143 S. Exeter St.

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Meningitis.

*Duration of last Sickness,* Seven Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Septbr. 28th

Aug. F. Esich M. D.
Medical Attendant.

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave. *Address,* 94 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Cora Stein

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* Twenty six *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Widow

*Occupation,* Paint Packer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* Greater part of her life

*Place of Death,* {Give street and number} No 7 Bartlett St

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Calverton Cem

*Date of Burial,* Sept 28th 1880

*Undertaker,* S. M. Leonardtown

*Place of Business,* 782 W. Baltimore

T. F. McCormick M. D.
Medical Attendant.

*Address,* 454 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transit 1908

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 43081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 26th September, 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret A. Gist.

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 80 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,* ...

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* { Give street and number } 528 W. Fayette St.

*Cause of Death,* { First, (Primary,) Typhoid Fever. Second, (Immediate,) ...

*Duration of last Sickness,* Three Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cemetery

*Date of Burial,* Sept 27th 1880

N. W. Luttell, M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W. Fayette St. *Address,* 425 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTED BY J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Francis Andrathy

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Portugal

*Duration of Residence in the City of Baltimore,* 24 years.

*Place of Death,* {Give street and number} 62 Granby St.

*Cause of Death,* First, (Primary.) Disease of the Stomach

Second, (Immediate,) (Malignant)

*Duration of last Sickness,* Four months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* 28 September 1880 Chas B. Gundrum M. D.

Medical Attendant.

*Undertaker,* Jas. O Byrne

*Place of Business,* 63 Front St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 27 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 26, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Carpenter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Harrisburg Pa

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number.} 73 Hanover Lane

*Cause of Death,* First (Primary,) Intemperance

Second (Immediate,) Heart Disease

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Wes. Pub. Cemetery

*Date of Burial,* Sept 27/80

*Undertaker,* H Kerchner

*Place of Business,* 508 Carrollton Ave

Alexander Tinsley M. D.
~~Medical Attendant.~~
Coroner

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 2 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 24th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. Tooles

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 81 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

*Duration of Residence in the City of Baltimore,* 35 Hacket St

*Place of Death,* {Give street and number} 35 Hacket St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Old age

*Duration of last Sickness,* Two days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 24th 1889

*Undertaker,* Samuel Chase

*Place of Business,* 178 Hanover

Edward D. Neal M. D.
Medical Attendant.

*Address,* 242 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below and to the Penalty of Law.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/3085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adele & John D. Francke Parents

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 5 Gough St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Asthenia

*Duration of last Sickness,* Life

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Sept 27 1880

*Undertaker,* Wendel & Pfeil

*Place of Business,* S. Bond St

I Thos A Clemm M. D.

Address, Comm of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Taylor

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ignatius Gibb

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 23 *Years,* 10 *Months,* 5 *Days.*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Confectioner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 89 Hillen St

*Cause of Death* First, (Primary,) Chronic Pneumonia

Second, (Immediate,) & Dropsy

*Duration of last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Sept 27th 1880

*Undertaker,* Theo J Lorkey

*Place of Business,* 138 Jefferson

Geo H Jenkins M. D.
Medical Attendant.

*Address,* 414 Hanover St City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 27 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Friday 24 September 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Francis.

*Sex, Male or Female,* {Cross out the word not required in this line.} Boy

*Age,* ..... *Years,* 8 *Months,* ..... 20 *Days.*

*Color,* White. *Sex,* .....

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} East Baltimore Street 174

*Cause of Death,* First (Primary,) Croup.

Second (Immediate,) Convulsions.

*Duration of Last Sickness,* Two days.

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Cemetery

*Date of Burial,* September 27.

John D Schultz M. D.
Medical Attendant.

{*Undertaker,* John Herring.
*Place of Business,* 38½ Orleans St

*Address* N E Cor Loughs Edmonds

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Buesland

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 4 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Barbo

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 115 E. Lombard St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

*Duration of last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cemetery

*Date of Burial,* 28th Sept.

E E Goode M. D.
Medical Attendant.

*Undertaker,* Fred Goode

*Place of Business,* No 29 S. Caroline *Address,* 137 Orleans St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43089

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Chapman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 46 *Years,* 3 *Months,* 29 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto County Md

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give street and number} 108 north Poppleton

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pulmonary Consumption

*Duration of last Sickness,* About 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* 28 September 1880

*Undertaker,* [illegible]

*Place of Business,* 227 Pratt [illegible] *Address,*

Dr. P. Hoffman M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43090

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Sept 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Johnson

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 39 Years, — Months, — Days.

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give street and number} 131 Chestnut st

Cause of Death, First, (Primary,) Lesion of Kidney & Heart

Second, (Immediate,)

Duration of last Sickness, Eight Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Sept 27th 1880

Undertaker, Thos. Locke

Place of Business, 73 Jefferson st

A. P. Gearey M. D.
Medical Attendant.

Address, 137 N Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43091

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Sept 27. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Howe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* 1 *Months,* 11 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Varnisher

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Connecticut

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and number.} 156 W Lombard st

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Sept. 29th.

*Undertaker,* John L. Mackel

*Place of Business,* 150 Camden St

Frederick Cotterell M.D.,
Medical Attendant.

*Address,* 146 Hanover st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43092

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Sept. 27th P. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Perine

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, ~~[illegible]~~ 42 Years, —— Months, — Days.

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Merchandising

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Md-

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} U. S. Hotel, President St.

Cause of Death, First, (Primary.) Typho Malarial Fever

Second, (Immediate.)

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Sept 29th/80

Undertaker, Leo Schilling

Place of Business, Ashland Square

E. G. Perryman M. D.
Medical Attendant.

Address, 123 S. High St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

In the special attention of Physicians is respectfully invited to the remarks below. Blank Forms of Certificates, &c.

# Board of Health, City of Baltimore,

Permit No. 13093

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 27th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm. Stolle (Father)

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ____ *Years,* ____ *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ____

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } 228 N. Caroline St.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 228 N. Caroline St.

*Cause of Death,* { First, (Primary.) ____ Second, (Immediate,) Premature Labor

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Sept. 28th 1880

*Undertaker,* Wm. H. Kaufman

*Place of Business,* 234 N. Gay St.

O. E. Stein, M. D.
Medical Attendant.

*Address,* 195 N. Eden St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4M.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 26th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma Catherine Lomack

*Sex, Male or Female,* { cross out the word not required in this line. } ~~Male~~ Female

*Age,* 40 *Years,* ..... *Months,* ..... *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~Single~~ ~~Widow~~ ~~Widower~~ Married

*Occupation,* Store Keeper

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* About 20 Years

*Place of Death,* { Give street and number } 103 Orchard St

*Cause of Death,* First, (Primary,) Scarlatina Maligna

Second, (Immediate,) .....

*Duration of last Sickness,* Three (3) days

All the above information should be furnished by the Physician.

*Place of Burial,* Lund Comet

*Date of Burial,* Sept 28 1880

W W Aitkin M. D.
Medical Attendant.

*Undertaker,* Geo L Jones

*Place of Business,* 1122 Park

*Address,* 192 Pearl St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43095

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 27. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridie Joseph Woodburn

~~*Sex, Male,*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 18 *Months,* ..... *Days.*

*Color,* Col

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 43 Oxford St

*Cause of Death,* {First (Primary,) Chronic atrophy

{Second (Immediate,) Inanition

*Duration of Last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemet

*Date of Burial,* Sept 28/880

*Undertaker,* John C. Jones

*Place of Business,* 262 Pratt

D E Atkinson M. D.
Medical Attendant.

*Address* 223 Madison Ave,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 25 th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Scott

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* One *Years,* 2 *Months,* *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 97 Chestnut St

*Cause of Death* { First, (Primary,) Pneumonia
Second, (Immediate,)

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Sept 28

*Undertaker,* Abraham Mayman

*Place of Business,* 13 Saratoga St

Wm. L. Russell M. D.
Medical Attendant.

*Address,* Broadway & Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43097

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept- 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Jones-

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 66 *Years,* 7 *Months,* 12 *Days.*

*Color,* Black

~~*Married, Single,*~~ *Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* House Servant-

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester County Md

*Duration of Residence in the City of Baltimore,* 39 years-

*Place of Death,* {Give street and number} 245 N Calvert St-

*Cause of Death* {First, (Primary,) Typhoid Fever-
Second, (Immediate,)

*Duration of last Sickness,* One Week-

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Sept 28

*Undertaker,* Abraham Wayman

*Place of Business,* 18 Saratoga St

W. L. Russell M. D.
Medical Attendant.

*Address,* Broadway & Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

**Permit No.** 43098 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson Lee Iverson

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* ~ *Years,* 7 *Months,* 11 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto city

*Duration of Residence in the City of Baltimore,* 7 mo 11 dys

*Place of Death,* {Give street and number.} 59 Lee St.

*Cause of Death,* {First (Primary,) Pneumonia

Second (Immediate,) 2 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto cemetry

*Date of Burial,* Sept 1th 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover & Barre sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 48099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Laurence Devlin

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 0 *Years,* 1 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* (None)

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md.

*Duration of Residence in the City of Baltimore,* 1 Year

*Place of Death,* { Give street and number } 1050 Odonnell St

*Cause of Death* { First, (Primary,) Scarlet Fever

, { Second, (Immediate,)

*Duration of last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* September 29th 1880

*Undertaker,* H. H. Gilmore

*Place of Business,* 1201 Eastern Ave

E. J. Williams M. D.
Medical Attendant.

*Address,* 17 Patterson Pl.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. SEP. 28 1909 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 1909

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev Olaf Mandt

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 27 *Years,* 4 *Months,* 26 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Clergyman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Norway

*Duration of Residence in the City of Baltimore,* Two years & five mos.

*Place of Death,* {Give street and number} No. 110 S. Ann St.

*Cause of Death,* First, (Primary,) Typho-Malarial Fever

Second, (Immediate,) Asthenia

*Duration of last Sickness,* Seventeen days

All the above information should be furnished by the Physician.

*Place of Burial,* Dane Co. Wisconsin

*Date of ~~Burial~~ Transportation,* Sept. 28

*Undertaker,* M. A. Dargen

*Place of Business,* 714 S. Broadway

E. B. Button, M. D.
Medical Attendant.

*Address,* 51 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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1909 Trans

[OVER.]

*Permit No.* 43101

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 23 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 27th 1890 12½ oclock P M

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Milley Finney

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 22 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Accomac Co W Va

*Duration of Residence in the City of Baltimore,* 11 months

*Place of Death,* {Give street and number.} 72 Elbow Lane

*Cause of Death,* First (Primary,) Typhoid Pneumonia

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 28

*Undertaker,* Reeder & Ross

*Place of Business,* 15 Conway St

J Edward Kirby M. D.
Medical Attendant.

*Address* 24 Columbia Avenue

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 28, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hood Coy

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 10 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 54 S. Gilmore St.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 54 S. Gilmore

*Cause of Death* First, (Primary,) Perforate ulcus — There was

Second, (Immediate,) not the least perforation; & though

*Duration of last Sickness,* an incision, 1½ in long, was made, no pres-

All the above information should be furnished by the Physician. sure downward, could be felt

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Sept 29 - 80

*Undertaker,* Deems & Mitchell

*Place of Business,* 550 W Fayette St

John Hood M. D.
Medical Attendant.

*Address,* 2 N. Carey st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

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AK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Stanley

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 10 *Months,* ____ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 65 S. Dallas St

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St. Cem

*Date of Burial,* Sept 28th 1880

*Undertaker,* John Sale

*Place of Business,* 161 E Balto St.

J A Smith *M. D.*
Medical Attendant.

*Address,* 187 Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

KODAK

# Board of Health, City of Baltimore,

*Permit No.* 43104

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Lacey

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* about 40 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 87 N Schroeder St

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) Consumption, Brain trouble & exhaustion

*Duration of last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept 29

*Undertaker,* E H Cook

*Place of Business,* 707 W Fayette Baltimore

W J Rogers M. D.
Medical Attendant.

*Address,* 1 N Fayette Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43105.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lockum

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 9 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ellicott City Md

*Duration of Residence in the City of Baltimore,* Three (3) Years

*Place of Death,* {Give street and number} 73 Scott st.

*Cause of Death* {First, (Primary,) Dr & Thrush

Second, (Immediate,) Three (3) Days.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Union Burial Ground Baltimore Co

*Date of Burial,* Sep 29

{*Undertaker,* J B Cook

{*Place of Business,* 707 west Balto

H. L. Sheen M. D.
Medical Attendant.

*Address,* 387 N Eutaw st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43106

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Gaebel

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 79 *Years,* —— *Months,* 18 *Days.*

*Color,* white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number} 23 Penna ave

*Cause of Death,* First, (Primary.)

Second, (Immediate,) old age

*Duration of last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Sept 29th 1880 Jas A Steuart M. D.
~~Medical Attendant.~~

*Undertaker,* Walter Dimmick

*Place of Business,* — Biddle St *Address,* Comm of Health Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Exam by Geo E. Brown (OT 48.)

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 43107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Carpenter

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 6-8 *Years,* *Months,* *Days.*

*Color,* Col

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Born Here

*Place of Death,* {Give street and number} 27 Chestnut Ale

*Cause of Death,* First, (Primary.) Strangulated Umbilical Hernia

Second, (Immediate,)

*Duration of last Sickness,* About 10 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 28th

*Undertaker,* John E Jordan

*Place of Business,* 63 Park ave

W W Antrim M. D.
Medical Attendant.

*Address,* 192 Pearl st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43108 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Gibson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Oyster Shucker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 18 yrs.

*Place of Death,* {Give street and number.} 76 E Dallas St.

*Cause of Death,* First, (Primary.) Bullet wound of left hip

Second, (Immediate.) Traumatic Septicaemia

*Duration of Last Sickness,* 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 28 1880

*Undertaker,* Henry Underwood

*Place of Business,* 116 Orchard St

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.--*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 43109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 27th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Metzenbaugh

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 307 Columbia Ave

*Cause of Death* { First, (Primary,) ; Second, (Immediate,) Apoplexy.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* West Dub Cemetery

*Date of Burial,* Sept 28 80

*Undertaker,* Parkhurst

*Place of Business,* 505 Carrollton Ave

Dr. Abell M. D.

Medical Attendant.

Coroner - Sa Dist

*Address,* 161 So Sharp St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 17310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Louis Suman

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* 28 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Druggist

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dayton Ohio

*Duration of Residence in the City of Baltimore,* Since 1870

*Place of Death,* {Give street and number} 540 Lexington St

*Cause of Death,* First, (Primary.) Emphysema of Right Lung & Pneumonia Left Lung

Second, (Immediate,) Apnoea

*Duration of last Sickness,* Since Jany 29th 1880

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Sept 29th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 55 W Fayette St

W J McDowell M. D.
Medical Attendant.

*Address,* 9 Edmondson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43111

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

*Date of Death,* Sept. 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Demuth

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 years.

*Place of Death,* {Give street and number.} Canton St. Philadelphia Road.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis,

Second, (Immediate.) Intermittent Fever,

*Duration of Last Sickness,* 2 Months,

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Sept 29th 1880

*Undertaker,* James O Byrne

*Place of Business,* 63 N. Front St

Edward D. McDevitt M.D.,
Medical Attendant.

*Address,* 133 N. Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP. 29. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Vincent

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* ~~32~~ 32 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Blacksmith

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Balt all his life

*Duration of Residence in the City of Baltimore,* Cor Chas & Broadway Res 196 Central Ave

*Place of Death,* { Give street and number } Cor Chas & Broadway Res 196 Central Ave

*Cause of Death,* First, (Primary,) Heart disease

Second, (Immediate,) almost certainly

*Duration of last Sickness,* Sud den death

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Sept 30th 80

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Lyon

Edmund D W. Walker M. D.
Medical Attendant.

*Address,* Coon Pt P.O.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27- 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Micheal Kramer

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 47 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 21 Years

*Place of Death,* {Give street and number} 153 S. Spring St

*Cause of Death* { First, (Primary,) Heart (Valvular) Disease
Second, (Immediate,) .....

*Duration of last Sickness,* Ten months

All the above information should be furnished by the Physician.

*Place of Burial,* Ged Paulus Cemetery

*Date of Burial,* Sept 29 th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

James E. Donnelly M. D.
Medical Attendant.

*Address,* 299 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 113114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* September 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hattie Warfield (Mother's name)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* 7 *Days.*

*Color,* Black *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number.} In. 125 Sterling street

*Cause of Death,* First (Primary,) Convulsions

Second (Immediate,) ____

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* E. Rob Cemetery

*Date of Burial,* Sept 28th 1880

*Undertaker,* P. Mullin

*Place of Business,* ____

A. A. Clewell M. D.

Medical Attendant.

*Address* 5-5-9 Harford avenue Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43115

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 23 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* September 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ellerthorpe Laing

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* clerk. (Balt & O. R.R.)

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Preston Lancashire England

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number.} No 3 Columbia Ave

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Miliar Tuberculosis

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Sept 29th 1880

*Undertaker,* J. F. Worcha

*Place of Business,* Cor Columbia & Eutaw St

Wm Taylor M.D.,
Medical Attendant.

*Address,* 163 W Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Nicholas

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Colored* *Sex,*

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Bar tender

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} North Howard St 136

*Cause of Death,* First (Primary,) Wound in Abdomen

Second (Immediate,) Internal hemorrhage

*Duration of Last Sickness,* Death within 45 minutes of the Wound

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Burial

*Date of Burial,* September 29

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St.

*From* Jno. G. Jay M. D.

Medical Attendant.

*Address* Park Ave & Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 27th — 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. B. Patterson.

~~Set, Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 2 Weeks. *Months,* ____ *Days.*

*Color,* White —

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 134. Pearl St —

*Cause of Death,* First, (Primary,) ____ Second, (Immediate,) Diseased from birth

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* Sept 29/80

*Undertaker,* J. H. Bottel

*Place of Business,* 192 Forman St

E. R. Ward. M. D.
Medical Attendant.

*Address,* 242 W. Lombard St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M, J. C. DELANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 27. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. J. Walker

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 17 *Years,* 7 *Months,* 13 *Days.*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balti City,

*Duration of Residence in the City of Baltimore,* Lifetime,

*Place of Death,* {Give street and number} 261 Orleans St

*Cause of Death* First, (Primary.) "Typhoid Fever"

Second, (Immediate,) Peritonitis,

*Duration of last Sickness,* 28 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 29th 1880

*Undertaker,* Chas J Loats

*Place of Business,* 73 Jefferson *Address,* 222 N Broadway

J. M. Chambers M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43119

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward Waters

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 386 Penna Ave

*Cause of Death,* First (Primary,) Rupture by Penna Ave St Cars

Second (Immediate,)

*Duration of Last Sickness,* 1 hour + a half

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Sept 30th 1880

Alexander Smiley M.D.
~~Medical Attendant~~
Coroner

{*Undertaker,* Andrew Daly
*Place of Business,* 1182 Mid Ave} *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebeca Schwethal

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Poland 5 years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 167 German St.

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* Two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Hebrew Cemetery

*Date of Burial,* Sept 29th 1880

Abram Amrod *M. D.*
Medical Attendant.

*Undertaker,* Williams Keilert

*Place of Business,* Gough St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Spilman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* 5 *Months,* *Days.*

*Color,* White *Sex,*

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Merchant Tailor

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number.} 372, Mulberry St.

*Cause of Death,* First (Primary,) Hypertrophy of Heart

Second (Immediate,) Albuminuria

*Duration of Last Sickness,* I treated him since September 2nd 1880.

All the above Information should be furnished by the Physician.

*Place of Burial,* ~~Druid Hill~~ Lutheran by Morris Steiner M. D.

Medical Attendant.

*Date of Burial,* Sept 29/80

*Undertaker,* Stewart & Mercer

*Place of Business,* 36 Park Ave Address 319, W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Permit No. 43122 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Keyser

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 25 Elizabeth Lane

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Epithelioma of the Uterus

*Duration of Last Sickness,* 2 yrs 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* September 29th

*Undertaker,* B. Karle

*Place of Business,* No 411 Light Street.

Hardman Cordell M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43123

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Estella Kneip

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* 2 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 243 Montgomery St.

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Auburn Cemetery

*Date of Burial,* September 30

*Undertaker,* B. Hurst

*Place of Business,* 411 Light St.

L. A. Smith M. D.
Medical Attendant.

*Address,* 108 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41321

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 27th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Conroy

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 6 Rear Lee Alley

*Cause of Death* { First, (Primary,) } Pneumonia
{ Second, (Immediate,) }

*Duration of last Sickness,* Two Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Holy Cross, Cem

*Date of Burial,* September 29th 1880

*Undertaker,* H. M. Gibbons

*Place of Business,* 1341 Eastern ave

J. J. Daly M. D.
Medical Attendant.

*Address,* 714 Light St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 28th 3 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Bell Stranger Infant Died soon after birth was not named. (Parents

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* — *Years,* — *Months,* — *Days.* Eleven hours

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 755. Pennsylvania ave

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 755. Penna ave

*Cause of Death* {First, (Primary,) Thrombosis

Second, (Immediate,) in

*Duration of last Sickness,* A few Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Church

*Date of Burial,* Sept 29 1880

*Undertaker,* Peter Kemmerer

*Place of Business,* Mulberry St

G A Dehm M. D.
Medical Attendant.

*Address,* 86. E. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43126

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 28th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Coyne

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 158 S. Howard St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

*Duration of Last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sept. 30th 1880

*Undertaker,* Joseph F. Byrne

*Place of Business,* 59 n Liberty

E. J. H. Tall M.D.,
Medical Attendant.

*Address,* 152 Lexington St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43129

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 29th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C. Hunt.

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Bricklayer & Plasterer.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Maryland

*Duration of Residence in the City of Baltimore,* Nine days.

*Place of Death,* {Give street and number} 89 So Sharp St.

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* About Nine days.

All the above information should be furnished by the Physician.

*Place of Burial,* Kent Co.

*Date of Burial,* Sept 30th 80.

*Undertaker,* Armstrong & Denny

*Place of Business,* Light & Hunt Sts. *Address,* 161 So. Sharp St.

D. A. Ball M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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1910 Manuel

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accuratly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 28th. September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonin Trojan

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Blacksmith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bohemia, Austria

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number} E. Fayette street 259

*Cause of Death,* First, (Primary,) Marasmus senilis.

Second, (Immediate,) Ulcera, chronica, pedis.

*Duration of last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* 30 September

*Undertaker,* Ambrose Kuehler

*Place of Business,* 244 E Lombard

William Hendel M. D.
Medical Attendant.

*Address,* E. Wolfe st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT SEP 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 21st day of September 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hutt

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Restaurant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* ~~N. E. Bank. and Eden~~

*Place of Death,* {Give street and number.} Eden Ave: 18. Bank. cor Eden

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. County

*Date of Burial,* 30th "

*Undertaker,* Michael Hunk

*Place of Business,* 35 Bank. St

*Address*

Fred Hess M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dorner

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 23 *Years,* 2 *Months,* 11 *Days.*

*Color,* White.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Hair Factory Hand

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 73 Wilhelm St. Balto. Md

*Cause of Death* First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Sept 29

*Undertaker,* J B Cook

*Place of Business,* 707 W Pratt

L. L. Dorsey *M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sesteember 26 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Coleman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 67 *Years,* 5 *Months,* 29 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Porter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 44 years

*Place of Death,* {Give street and number} 97 S Regester Ste.

*Cause of Death* First, (Primary,) Cancer of the Stomach

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* Sep. 29, 1880

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

J. J. Litzer M. D.
Medical Attendant.

*Address,* 160 Saratoga ste.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43132 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 29th Sept'r. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose B. Harper

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* ~~~ *Months,* ~~~ *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* About 17 Yrs

*Place of Death,* {Give street and number.} 174 Hanover St

*Cause of Death,* First, (Primary.) Metro-Peritonitis

Second, (Immediate.)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Pk. Cemetery

*Date of Burial,* Oct 1st.

*Undertaker,* F. N. Poll.

*Place of Business,* 131 Hanover St.

H. N. Webster M.D.,
Medical Attendant.

*Address,* 57 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 28 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Maria Keeler

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* 72 *Years,* 5 *Months,* — *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not reqnired in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 yrs

*Place of Death,* {Give street and number} 10 Dover St (n Fulton)

*Cause of Death,* First, (Primary,) Sub-acute Enteritis with Malaria

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 4 or 5 wks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* Sept 30 1880

C. C. McDowell *M. D.*
Medical Attendant.

*Undertaker,* Peter Kümmert

*Place of Business,* No 31 Mulberry St *Address,* 642 W. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* June 25th Sept 25th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.}

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* many years

*Place of Death,* {Give street and number} 19 Sharp St alley

*Cause of Death,* First, (Primary,) Arsenical poisoning

Second, (Immediate,) Acute Gastritis

*Duration of last Sickness,* about 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Cemetery

*Date of Burial,* Sept 28th 1880

*Undertaker,* D. Gillespie

*Place of Business,* 7 Park ave

Edmund R Walker *M. D.*
Medical Attendant.

*Address,* Comm m Pl

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9, 28, 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Gaillard

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* — *Days.*

*Color,* Mulatto

~~*Married*~~, *Single, Widow or Widower,* {cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 1 2 yrs

*Place of Death,* {Give street and number} 135 Raby St Raburn

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate,) Fits

*Duration of last Sickness,* 24 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 29 1880

*Undertaker,* J. V. Chase

*Place of Business,* 198 Howard St

Medical Attendant.

*Address,* 349 E

M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43136

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth & William Thomas

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.} Parents

*Age,* ——— *Years,* ——— *Months,* one *Day.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 188 E. Warner Street

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Asthenia

*Duration of last Sickness,* all its life

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw's Sh. Cemetery

*Date of Burial,* Sept 29th 1880

*Undertaker,* John H. Owens

*Place of Business,* 225 E. Eutaw St

Thos. H. Sloan M. D.
~~Medical Attendant.~~

*Address,* Comm. of Health & Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Examined by, B. 5 88

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 29th September 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Nause

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during Existence

*Place of Death,* {Give street and number} 5 Bethel Ally

*Cause of Death,* First, (Primary,) Diphtheritis

Second, (Immediate,)

*Duration of last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Sept. 30

William Hunkel M. D.
Medical Attendant.

*Undertaker,* John Heaney

*Place of Business,* 882 Orleans St

*Address,* 5 Bethel Ally

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

TY & FILM

# Board of Health, City of Baltimore,

Permit No. 43138

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Ridgell

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 1 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Died at Home

*Place of Death,* {Give street and number} No. 298 Canton Ave

*Cause of Death* { First, (Primary,) Second, (Immediate,) } Cholera Infantum

*Duration of last Sickness,* one Day

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem'y

*Date of Burial,* Sept 29th

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Av

M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Mullin

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 65 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} County Tyrone, Ireland

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and number} N. E. Cor. Cambridge & Gwynn Sts

*Cause of Death,* First, (Primary,) Cerebral

Second, (Immediate,) Dysentery & Paralysis

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* August 1st

*Undertaker,* Mr. Frechlich

*Place of Business,* 244 Easton St. *Address,*

James F. Shane M. D.
Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 43140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry D Sheeler

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Two *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 37 Vincent Alley

*Cause of Death,* First, (Primary,) Injury from a Fall

Second, (Immediate,)

*Duration of last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 30 1880

*Undertaker,* William A Lewis

*Place of Business,* 10 Hooten Alley

Geo R Duncan M. D.
Medical Attendant.

*Address,* 68 N Fay

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 213141

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT SEP 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schmidt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 1 hour *Days.*

*Color,* W

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~~Gold Beater~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} ~~Germany~~ Pt. City

*Duration of Residence in the City of Baltimore,* 6

*Place of Death,* {Give street and number.} 214 Lexington

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,*

*Undertaker,* Fredrick Schmidt

*Place of Business,* Baltimore Cemetery *Address,* 30 Light st.

E. H. V. Ellis, M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43142

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 28th. September 1889

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fredy Heinlein

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* During Lifetime

*Place of Death,* { Give street and number } 1i Ann Ave 120

*Cause of Death,* First, (Primary.) Diphtheritis

Second, (Immediate,)

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Fleet st. Cemetery

*Date of Burial,* Sept. 30th

William Henkel M. D.
Medical Attendant.

*Undertaker,* Wendelin Deppe

*Place of Business,* S. Bond st. 151 *Address,* S. Wolcott Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43143

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 86

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Benton Reather

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ 3 *Months,* 2 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 3 mo 2 days

*Place of Death,* {Give street and number} 36 Aisquith

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 3 mo 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* M E Cemetery this Road

*Date of Burial,* October 1st

*Undertaker,* Grey & Bro

*Place of Business,* Fayette & Brown

H M Eastman M. D.
Medical Attendant.

*Address,* 324 Linden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Sprannan

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 75 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} No 5. Lemmon St

*Cause of Death,* First, (Primary.) Diarrhoea & General Debil

Second, (Immediate.)

*Duration of last Sickness,* Few Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct 1

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Baltimore St

Edwd F. Nicholson M. D.
Medical Attendant.

*Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara V Dorsey

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 7 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 16 Eutaw Court

*Cause of Death* { First, (Primary,) Convulsions
Second, (Immediate,)

*Duration of last Sickness,* 24 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 1st 1880

Eugene F. Cordell M. D.
Medical Attendant.

*Undertaker,* Wm James Guy

*Place of Business,* 65 Mulberry st *Address,* 125 N Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43146

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sep. 30 - 1880 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Kennaird

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~Seven~~ Years, Six Months, Eleven Days.

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Canton, Balto. Co.

*Duration of Residence in the City of Baltimore.* Lifetime

*Place of Death,* {Give street and number.} 86 N. Ann St.

*Cause of Death,* First (Primary,) Suppression of Urine

Second (Immediate,) Uraemia

*Duration of Last Sickness,* Thirteen days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 1st/80

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland & Lyman

Albert B. Lyman M. D.
Medical Attendant.

Address 375 E. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Permit No.* 43147

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Sep 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorenza D Jordan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number.} 499 Augusta St

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,) " & Scarlet Fever

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 1st 1880

*Undertaker,* H Hutchison

*Place of Business,* 505 Central Ave

H. G. Watson M. D.
Medical Attendant.

*Address* 437 N. Central Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 43148

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Lizz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 6 *Months,* 1 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widowed or Widower*~~, {Cross out the word not required in this line.} S

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Anhalt-Dessau Ger

*Duration of Residence in the City of Baltimore,* Three weeks

*Place of Death,* {Give street and number} 77 S. Washington St

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Matthews Cemetry

*Date of Burial,* October 1st

*Undertaker,* Henry Rein

*Place of Business,* 252 Alice Anna St

Aug. L. Erich M. D.

Medical Attendant.

*Address,* 94 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* ~~Adeline Davis~~ Sept 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Adeline Davis.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Female

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Keep. ✓

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 3 McDonnoeds Court

*Cause of Death,* First (Primary,) Intemperance - Rheumatism

Second (Immediate,) Heart Disease

*Duration of Last Sickness,* 10 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 1st 1880

*Undertaker,* Jno N Dungan

*Place of Business,* Can't

Alexander Tinsley M. D.

Coroner

~~Medical Attendant.~~

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Heart~~ Relet Dis

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fox

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Capt. Watchman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Connecticut

*Duration of Residence in the City of Baltimore,* Since [illegible]

*Place of Death,* {Give street and number} 27 N. Eutaw

*Cause of Death* {First, (Primary,) Cerebral Congestion

{Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Oct 7th 1880

*Undertaker,* Jos B Lurty

*Place of Business,* 1207 N Baltimore St

J. McBride M. D.
Medical Attendant.

*Address,* 582 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Almenda Sophia Lovering Lord

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 29 *Years,* 9 *Months,* 2 *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 190 Park Ave

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,) Anemia

*Duration of last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Oct 2

*Undertaker,* Leigh & Co

*Place of Business,* 70 Light St

W. W. Cathell M. D.
Medical Attendant.

*Address,* 343 W Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43152

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 29 '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R Woodlawn

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 35 Greenville

*Cause of Death,* First, (Primary,) Scrofula

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 1. 1880

*Undertaker,* John C Jones

*Place of Business,* 203 Park St *Address,* 19 Green St.

J H Miller M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43153 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Cassidy

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 37 *Years,* *Months,* *Days.* ✓

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md. City

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death,* {Give street and number.} 6 Denmead Pl.

*Cause of Death,* First, (Primary.) Hydro-pericardium Puerperal peritonitis

Second, (Immediate) Asthenia

*Duration of Last Sickness,* Eight (8) days

All the above information should be furnished by the Physician.

*Place of Burial,* New Methodist Cemetery

*Date of Burial,* 2nd October 1880

*Undertaker,* John C. Smith

*Place of Business,* 265 Aliceanna St

G. L. Wilkes M.D., Medical Attendant.

*Address,* 7 Denmead

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 29. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diana Gross

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Fifty Years

*Place of Death,* {Give street and number} 19 Mercer St.

*Cause of Death,* First, (Primary,) Old Age

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran

*Date of Burial,* October 1

*Undertaker,* H. Coulbourn

*Place of Business,* Lutheran

W. S. Bowie M. D.
Medical Attendant.

*Address,* 206 Shute St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 29. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E. Hasse

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* *Years,* 2. *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number} 3 D Alley

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 1

*Undertaker,* Hercules Ross

*Place of Business,* 25 Commerce St.

W. S. Booze M. D.
Medical Attendant.

*Address,* 206 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43156

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, September 30 - 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lemuel Gambrell

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, Twenty Five Years, Two Months, Four Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Farmer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and number} No. 70 North Chester st.

Cause of Death, {First, (Primary.) / Second, (Immediate.)} Typhoid Fever

Duration of last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Oct - 3d 80

Wm H. Clendinen, M. D.
Medical Attendant.

{Undertaker, Fry Bro
{Place of Business, 51 N Broadway

Address, No. 102 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry C. Neal

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 312 Harford Ave

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) ~~two weeks~~ two weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 1st

*Undertaker,* Geo Schilling

*Place of Business,*

Chas B Billingslea M. D.
Medical Attendant.

*Address,* 256 Johnson

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1934 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 22nd 1934

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Amelung

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cigar Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany, 21 years in U.S.

*Duration of Residence in the City of Baltimore,* 21 years

*Place of Death,* {Give street and number} 352 N Gay

*Cause of Death,* First, (Primary.) Accidental overdose

Second, (Immediate.) Asphyxiation

*Duration of last Sickness,* 7 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 3rd

Edmund Rovelli M. D.
Medical Attendant.

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square *Address,* Town

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William B Mercer

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Four *Years,* Two *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 220 Seventh Street

*Cause of Death,* First, (Primary,) Cataarh

Second, (Immediate,) Croup

*Duration of last Sickness,* About five days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 2nd

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Miller & Taylor *M. D.*
Medical Attendant.

*Address,* Broadway & E Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 — 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Buschenatt

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Thirty four *Years,* One *Months,* *Days.*

*Color,* White

*Married,* ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Box Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hanover Germany

*Duration of Residence in the City of Baltimore,* About ten years

*Place of Death,* {Give street and number} 117 N Fremont St

*Cause of Death,* {First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* German Lutheran Greenhill

*Date of Burial,* October 1st 1880

*Undertaker,* Adam Weilemeyer

*Place of Business,* 518 W. Baltimore Str

J. L. Rieder M. D.
Medical Attendant.

*Address,* 87 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno H. Riley

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 22 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland 2 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Hospital Dr.

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* Six Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Brooklyn Cem Co

*Date of Burial,* Oct 2 1880

Jno D Blake M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* 168 Pratt

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43162 #43162 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 29 W

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Freeman Greeman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 1 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 100 S. Bond St — V

*Cause of Death,* First, (Primary.) Membranous Croup

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Octr. 1. 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

L. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43163

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William M. Spencer

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Painter

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } No. 799 Bank St.

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Intermittent Fever

*Duration of last Sickness,* One Week, I saw him but one day.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 1. 1880

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

*Address,* [illegible]

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept. 30. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. Beaumont.

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.}

*Age,* 26. *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States; if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* 1 1/2 Years

*Place of Death,* {Give street and number} 616 N. Lombard.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Oct 2nd 1880

J. Smithiman M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 555 W. Fayette St

*Address,* 584 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* September 30.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Thomas

*Sex, Male or Female,* {cross out the word not required in this line.} Fem

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and number} 6 Peesie Court

*Cause of Death* First, (Primary,) Paralysis

Second, (Immediate,) Asthenia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 1

*Undertaker,* H. Reuter & Co

*Place of Business,* 24 Commerce

U. S. Booze M. D.
Medical Attendant.

*Address,* 206 Market St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43166

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Birkmyer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* W *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 579 ~~Lemmon~~ Ave

*Duration of Residence in the City of Baltimore,* Fremont Ave

*Place of Death,* {Give street and number.} 579 ~~Lemmon~~ Fremont Ave

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,)

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park C. G. Hunt M. D.

*Date of Burial,* October 2nd 1880. Medical Attendant.

*Undertaker,* W. Seward Coney Island Ave

*Place of Business,* 35 S. Eutaw St *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 43167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* September 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann J. Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 65 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} Widow

*Occupation,* ———

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 103 Cambridge St

*Cause of Death,* First, (Primary.) Cancer of the Rectum

Second, (Immediate,) ———

*Duration of last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cem

*Date of Burial,* Oct 2d

*Undertaker,* Henry Lauder

*Place of Business,* 252 Saratoga St

Thomas R. Evans M. D.
Medical Attendant.

*Address,* 92 Jackson Square

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of the deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Estick

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 6 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Eager & Washington Sts

*Cause of Death,* First, (Primary.) ____ Second, (Immediate.) Diarrhea

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincent Cem

*Date of Burial,* Oct 2nd 1880

Geo. E. Brown M. D.
Medical Attendant

*Undertaker,* W. H. Strickman

*Place of Business,* N. Gay St. *Address,* Commissioner of Health

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Examined by Geo. E. Brown

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43769

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept. 30 / 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Batty

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* Clr

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 4 Mason alley

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 3 years

**All the above information should be furnished by the Physician.**

*Place of Burial,* Greenmount

*Date of Burial,* Oct 2 d 1880

*Undertaker,* Chas T Scarum

*Place of Business,* 270 W Eutaw St

G Lane Tanyhill *M.D.,*

**Medical Attendant.**

*Address,* 129 W Biddle St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Sturgeon

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 11 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 55 Hull St.

*Cause of Death,* First, (Primary,) Want of Mother's milk,

Second, (Immediate,) Inflammation Bowels

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Oct 2nd

*Undertaker,* Barney & Keane

*Place of Business,* Light & Sheet

Hes G. Brewer *M. D.*

Medical Attendant.

*Address,* 258 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43171 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 30. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate S Anderson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* — *Months,* 4 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Co: in at

*Duration of Residence in the City of Baltimore,* 6 Years

*Place of Death,* {Give street and number.} 186 Lee St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Reisterstown Balto County

*Date of Burial,* Octo 2 1880 Gordon Curtis M.D.,

Medical Attendant.

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Eight St *Address,* 146 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1912 Transit

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Johnson Schofield

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 3. *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimon

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 1515 Welcome Alley

*Cause of Death* { First, (Primary,) Gastritis
Second, (Immediate,) During life

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Thorpe Cemetery

*Date of Burial,* October 2

*Undertaker,* Hercules Rose

*Place of Business,* 95 Lombard St

B. F Phillips M. D.
Medical Attendant.

*Address,* 327 N. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Gertrude Sauerwein

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Two *Years,* One *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } Patterson Ave No 90.

*Cause of Death,* First (Primary,) Membranous Croup

Second (Immediate,) Apnoea

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Grove Cemetery D. G. Sparrow M. D.

*Date of Burial,* Oct 2nd 1880 Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Pratt Address A. Stricker 86 427

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43174

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessy Hoyle

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 4 *Months,* *Days.*

*Color,* White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} # 509 W. Lombard St.)

*Duration of Residence in the City of Baltimore,* 4 Months

*Place of Death,* {Give street and number.} # 680 W. Lombard St.)

*Cause of Death,* {First (Primary,) Capillary Bronchitis / Second (Immediate,) Malasmus.

*Duration of Last Sickness,* Six Weeks

All the above information should be furnished by the Physician.

*Place of Burial* Louden Park cemetery

*Date of Burial,* Oct 2 nd 1880

*Undertaker,* Jos S. Leech

*Place of Business,* No 707 N. Baltimore street

Edmond M. Price M. D.
Medical Attendant.

*Address* Cor Gilmor & Lexington Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Frazier

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 82 *Years,* ____ *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} widow

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md ~~Baltimore City~~

*Duration of Residence in the City of Baltimore,* all life 20 Years

*Place of Death,* {Give street and number} Home Aged M. E. Church Cor Fulton & Franklin St

*Cause of Death,* First, (Primary,) Bright's Disease

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* About 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Oct 1st 1880

*Undertaker,* John S Mosher

*Place of Business,* No 150 Camden St

J. R. Weller M. D.
Medical Attendant.

*Address,* 234 W. Fayette St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43176 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 2 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* October 1

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabetta Fiopoch

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 5-6 *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany 24 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 84 Pindar St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* October 3 1880

*Undertaker,* Mrs Hale

*Place of Business,*

L. H. D. Ellis M.D.,
Medical Attendant.

*Address,* 313 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43177 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in h last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

*Date of Death,* Sept 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hynes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 46 *Years,* ... *Months,* ... *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Boss Engineer at Ant Clair Works B. & O. R.R.

*Birthplace,* {State or Country and how long in the United States if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and number.} 81 Park St

*Cause of Death,* First, (Primary.) Injury. Compd Fractures of Arm, Leg, Contusion

Second, (Immediate.) Traumatic Peritonitis, Exhaustion,

*Duration of Last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* Oct 3d 1880

*Undertaker,* James S Byrne

*Place of Business,* 1163 N Howard St

Geo B Reynolds M.D.,
Medical Attendant.

*Address,* ...

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43178 #43178 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 1 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Ellsworth

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 9 *Days.*

*Color,* Col'd.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} D. C.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 9th & Dacus st.

*Cause of Death,* First, (Primary.) .....
Second, (Immediate.) Exhaustion - Convulsions

*Duration of Last Sickness,* Since birth

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 4th 1880

*Undertaker,* Charles A White

*Place of Business,* 35 Granby Street

G. L. Milton M.D.,
Medical Attendant.

*Address,* 9th & Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Spafford

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 1 *Years,* 4 — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number } 138 S. Dallas

*Cause of Death* { First, (Primary,) Scarlet Fever & Malignant Second, (Immediate,) do —

*Duration of last Sickness,* 6 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 3d 1880

*Undertaker,* Leonhard Kurz

*Place of Business,* S. Bond Street & 275

G. A. Dohmen — M. D.
Medical Attendant.

*Address,* 86 S. Amity St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43180

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 1st

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel Elliott

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* ..... *Years,* Four *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bayview

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} 2 d Spring Garden Av

*Cause of Death* First, (Primary,) Bronchitis

Second, (Immediate,)

*Duration of last Sickness,* about 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Public Cem

*Date of Burial,* Oct 2 1880

*Undertaker,* T. A. Kerchner

*Place of Business,* 57 S. Carroll (ave) *Address,* 77 Hill St

Julius Ball M. D.
Medical Attendant.
Luther Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43181 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie A. Johnson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 2 *Months,* 15 *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} No. 2. Little Church St near Williams Mount Carmel

*Cause of Death,* First, (Primary.) marasmus

Second, (Immediate.)

*Duration of Last Sickness,* 1 mo

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 3rd 1880

*Undertaker,* Chas T. Scrivener

*Place of Business,* 271 N. Eutaw st

G Lane Tanyhill *M.D.,*

Medical Attendant.

*Address,* 129 N. Biddle

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43182

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 2d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Roby

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* { First, (Primary,) Abdominal Tumor
, Second, (Immediate,) Consumption

*Duration of last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* October 3d 1880

Chas Fawcett M. D.
Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St *Address,* 92 Mosher St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. ~~43183~~ #43183 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 3 1888 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Feb 27th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia M Spangler

*Sex, ~~Male~~ Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 169 N Chemnitz

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* one Year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 3d 1888

*Undertaker,* Hoy W. Mears

*Place of Business,* 415 N. Gay St

Geo B Reynolds M.D.,
Medical Attendant.

*Address* 161 N Calvert & E. of Monument

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43184

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Hopkins

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housemaid

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 74 N Dallas st

*Cause of Death* First, (Primary.) Tuberculosis / acute

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 2 1880

*Undertaker,* Shed & Lockes

*Place of Business,*

J M Chamberson M. D.
Medical Attendant.

*Address,* 212 N Broadway Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 86

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Inv. P. Vaughan

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 24 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } Single

*Occupation,* Clerk

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* V

*Place of Death,* { Give street and number } 27 Sterrett St.

*Cause of Death* { First, (Primary,) Phthisis

Second, (Immediate,) .....

*Duration of last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Oct 3rd 1886

*Undertaker,* Jos. F. Byrne

*Place of Business,* 59 n Howard

H. L. Klein M. D.
Medical Attendant.

*Address,* 387 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43186 * 43186 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 2 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Smith

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* Colerie

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 305 Hamburg

*Cause of Death,* First, (Primary.) Cancer of Stomach

Second, (Immediate.)

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 3

*Undertaker,* Hercules Ross

*Place of Business,* 15 Lombard St

A. N. McNeal M.D.,
Medical Attendant.

*Address,* 57 Barnet

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 3.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 43187 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 29 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Spriggs

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Alley Life

*Place of Death,* {Give street and number} 2 Peach Alley

*Cause of Death* {First, (Primary,) Convulsions

{Second, (Immediate,) Asthenia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. P. Cemetery

*Date of Burial,* Oct 3

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St

U. S. Bond M. D.
Medical Attendant.

*Address,* 206 Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43188 #43188 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M'Clave

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* V

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give street and number.} 240 Lemon all

*Cause of Death,* First, (Primary.) Dropsy.

Second, (Immediate.)

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* 23 Oct

*Undertaker,* J B Cook

*Place of Business,* 707 W Balt st

Fred Entrikin M.D.,
Medical Attendant.

*Address,* 558 W Lemon st

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 43189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Sept 30th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Corporal

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 7 *Months,* ____ *Days.*

*Color,* col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* { Give street and number } Stirling nr No 24

*Cause of Death,* { First, (Primary,) Whooping Cough / Second, (Immediate,) Convulsions

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 2 1880

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga st

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 n. Exeter st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 2d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen E. Lawson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 11 *Days.*

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} 86 Dolphin St

*Cause of Death,* First (Primary,) Whooping cough - with involvement of brain

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 9 days - as stated to me: she was seen by me first 36 hours before death

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Sunday October 3rd

*Undertaker,* J B Cook *Address* 141 Lanvale

*Place of Business,*

S. E. Chew *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43191

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Catharine Snyder

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 24 *Years,* *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Housekeeper

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 9 Years

*Place of Death,* { Give street and number } 362 William St.

*Cause of Death* { First, (Primary,) Acute Bright's Disease
Second, (Immediate,) accidental Uremic Hemiplegia

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Oct 3 80

*Undertaker,* Amos W. Dorsey

*Place of Business,* 1622 Eutaw

C. H. Smith M. D.
Medical Attendant.

*Address,* 108 S. Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 43192 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial; within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1880 BALTIMORE

*Date of Death,* Oct 2nd 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles E. Shue

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} M

*Occupation,* Engineer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 52 N Calvert

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) Convulsions

T. J. — 53

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Green mount Cemetery

*Date of Burial,* Oct 3d 1880

*Undertaker,* Jno H. Weaver & Co.

*Place of Business,* 22 Fayette St

..... *M.D.,*
Medical Attendant.

*Address,* E. L. Gr Monument & Statuary

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43153

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 3 4 1930 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna Remlein

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widower~~, Widow or* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} #207 S. Regester St

*Cause of Death,* First, (Primary,) Tubercular Meningitis of Intestines

Second, (Immediate,) 0

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Conn.

*Date of Burial,* October 3rd 80

Edwin H. Pelham M. D.
Medical Attendant.

*Undertaker,* Jno. France

*Place of Business,* 280 Canton Ave

*Address,* #243 Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. #43194 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
OCT 3
1880
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 1, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. L. Justice

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 259 Gough st.

*Cause of Death,* First, (Primary.) Diptheria

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 3rd 1880

*Undertaker,* M. A. Dayer

*Place of Business,* 743 S. Broadway

G. G. Luck M.D.,
Medical Attendant.

*Address,* Balt. & Front Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. ~~43195~~ #43195 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 3 1890 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 2, 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Cudlip

*Sex, Male or ~~Female~~.* {Cross out the word not required in this line.}

*Age,* Two *Years,* Nine *Months,* Twenty-four *Days.*

*Color,*

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 341 N. Bond St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Eclampsia

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* 4 Oct 3 Oclock

*Undertaker,* Geo C Rodenmayer

*Place of Business,* 38 Eason St

S. B. White, *M.D.,*
Medical Attendant.

*Address,* 341 N. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43196 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 3 4 1880 BALTIMORE

# CERTIFICATE OF ~~DEATH~~

*Date of Death,* Aug 21 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Sprudenuta

*Sex, Male or ~~Female,~~* { Cross out the word not required in this line. }

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Shoe maker.

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 6 Years.

*Place of Death,* { Give street and number. } 209 N. Wolf St.

*Cause of Death,* First, (Primary.) Typho-Malarial

Second, (Immediate.) Ulceration of the bowels.

*Duration of Last Sickness,* 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus R.C.

*Date of Burial,* Oct 3d 1880.

*Undertaker,* H. Lock

*Place of Business,* 309 N. Central Ave

Edward R. Wilson M.D., Medical Attendant.

*Address,* 1334 Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1880 BALTIMORE

Date of Death, 1st Oct. 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Dean

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, Thirty Years, ——— Months, ——— Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, Nine Years

Place of Death, {Give street and number} No. 5 Peirce St.

Cause of Death { First, (Primary,) Consumption / Second, (Immediate,) Hemorrhage

Duration of last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 3rd 1880

{ Undertaker, Wm. J. Cray / Place of Business, 66 Mulberry st } Address, 120 N. Greene St.

F. B. Gardner M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. *43198

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1880 BALTIMORE

*Date of Death,* Oct 2. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Coy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 10 *Months,* *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 19 Dover St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Oct 3rd 1880

*Undertaker,* Wm. H. Bowl

*Place of Business,* No 707 W Baltimore Street

James Porter *M.D.,*

Medical Attendant.

*Address,* 319 W Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Health, City of Baltimore;

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 43199

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1880 BALTIMORE

*Date of Death,* October 2 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victor Hilton Dunn

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* 25 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 19 Scott St

*Cause of Death* { First, (Primary,) Hooping-cough
Second, (Immediate,) Capillary Bronchitis

*Duration of last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Oct 2nd 1880

*Undertaker,* Roy H Cook

*Place of Business,* 1207 W Baltimore Sts

Thos J Symington M. D.
Medical Attendant.

*Address,* 184 N Carrollton Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 3 1 1888 BALTIMORE

*Date of Death,* Oct 28 1888

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Kitchen

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* Bronze

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } not Known

*Occupation,* Seaman

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Alaska

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* { Give street and number } University Hospital

*Cause of Death* { First, (Primary,) Organic Disease of heart
Second, (Immediate,) asthenia

*Duration of last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemetery

*Date of Burial,* Oct 29

*Undertaker,* F A Kerchner

*Place of Business,* 505 Carrollton Ave

WEST M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. [illegible] & CO., CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43201

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Godfrey Pope

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 37 *Years,* — *Months,* — *Days*

*Color,* Colored *Sex,* M

*Married, ~~Single, Widow or Widower,~~* { Cross out the words not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } North Carolina

*Duration of Residence in the City of Baltimore,* about 20 yrs

*Place of Death,* { Give street and number. } 3 Cross alley

*Cause of Death,* First (Primary,) Applied about 2 wks ago to dispensary for treatment

Second (Immediate,) suffering from Phthisis Not seen recently, supposed death from above cause

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery *Chas E Sadtler* M. D.

Medical Attendant.

*Date of Burial,* Sept 4th 1880

*Undertaker;* Wm J Gray *Address* Dispensary

*Place of Business,* 65 Mulberry St University of Md

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43202

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Haephy

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 74 *Years,* ... *Months,* ... *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Gardener

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Ireland

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and number.} 37 E. Pratt

*Cause of Death,* First (Primary,) old age

Second (Immediate,) senile Bronchitis-

*Duration of Last Sickness,* 5 ms

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct 4th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St

Tho. S. Latimer M.D.
Medical Attendant.

*Address,* ...

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 2d 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Todhunter

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 95 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 202. McCulloh St. Baltimore

*Cause of Death,* First (Primary,) —

Second (Immediate,) old age

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* October 4th 1880

*Undertaker,* Wm Weaver

*Place of Business,* No. 202 N Eutaw St

E. H. Henry M. D.
Medical Attendant.

*Address* Druid Hill Ave (Extended)

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2nd 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diamond Ingalls

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 7 Years, 7 Months, 3 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Granite Cutter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} New Hampshire

*Duration of Residence in the City of Baltimore,* 48 years,

*Place of Death,* {Give street and number} 118 N. Carrollton Ave

*Cause of Death,* First, (Primary,) Tuberculosis

Second, (Immediate,) Pulmonary Consumption

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 4th 1880

*Undertaker,* John S Thacher

*Place of Business,* No 150 Saratoga

John Neff M. D.
Medical Attendant.

*Address,* S.E. cor Carrollton & Hanover Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

§ 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to deliver within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 3 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward N Lloyd

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 12 *Months,* 12 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 125 Conway St

*Cause of Death* { First, (Primary,) Scarlet Fever
Second, (Immediate,)

*Duration of last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* October 4th 1880

J H Carey M. D.
Medical Attendant.

*Undertaker,* John Meacher

*Place of Business,* No 150 Camden *Address,* 76 Luca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 3 rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Bessie Stall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 7 *Months,* ... *Days.*

*Color,* ... *Sex,* ...

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 282 Argyle Ave

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and number.} 282 Argyle Ave

*Cause of Death,* First (Primary,) Hydrocephalus

Second (Immediate,) ...

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem H. L. Hood M. D.

*Date of Burial,* Oct 4th 1880 Medical Attendant.

*Undertaker,* John F. Blough *Address* Penn + Baltimore

*Place of Business,* 319½ Penn Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank McClellan Jones

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 10 *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 358 Alice Anna Street

*Cause of Death,* First, (Primary,) Inflammatory Croup

Second, (Immediate,) ____

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Octr 4th 1880

James D. Mace M. D.
Medical Attendant.

*Undertaker,* Wm Nicolard

*Place of Business,* 258 Alice Anna St *Address,* 88 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 2nd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Lautenberger

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* Seventy five *Years,* 4 *Months,* — *Days.*

*Color,* White *Sex,* Female

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Hessen, Germany

*Duration of Residence in the City of Baltimore,* Forty years

*Place of Death,* {Give street and number.} 18, E. Liberty Street

*Cause of Death,* First (Primary), [illegible]

Second (Immediate), Malerial Intermittend Fever

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Oct [illegible] 1880

*Undertaker,* H Brile

*Place of Business,* 81 Henrietta st

Morris Steiner *M. D.*
Medical Attendant.

*Address* 319, W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43209 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 2 1888 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 1

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } E Margaret E. Mortimer

*Sex,* ~~Male~~ or *Female,* { Cross out the word not required in this line. }

*Age,* 11 *Years,* 6 *Months,* 20 *Days.*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 11 yrs

*Place of Death,* { Give street and number. } 38 Williamson alr

*Cause of Death,* First, (Primary.) Gastritis

Second, (Immediate.) Collapse

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 4th 4

R. H. C. Ellis *M.D.,*
Medical Attendant.

*Undertaker,* B. Hearle

*Place of Business,* 411 Light Street *Address,* 315 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Welch

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 50 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* Saloon Keeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and number} 36 Block St

*Cause of Death,* First, (Primary.) Cirrosis of liver

Second, (Immediate,) Dropsy

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cemetery

*Date of Burial,* Oct 4th

J. H. Brunker *M. D.*
Medical Attendant.

*Undertaker,* B. Harle

*Place of Business,* 411 Light Street

*Address,* City Hall

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0748.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 48211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J Cooper

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} Basin Light & Pratt. Rec'd & Raborg

*Cause of Death,* First, (Primary.) Accidental

Second, (Immediate,) Drowning

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 5th 1880

*Undertaker,* Wm J Gray

*Place of Business,* 65 McHenry

Edw D Kwalka, M. D.
Medical Attendant

*Address,* Canton

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov....]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Albert Jackson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} ~~Female~~

*Age,* one *Years,* 2 *Months,* *Days.*

*Color,* Col *Sex,* ~~Female~~

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married~~

*Occupation,* ~~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 155 Vine Street Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 155 Vine Street

*Cause of Death,* First (Primary,)

Second (Immediate,) Inflammation of Stomach

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Oct 4th 1880

*Undertaker,* Wm. F. Gross

*Place of Business,* 63 Mulberry St

W. D. Stewart M. D.
Medical Attendant.

*Address* 76 W. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43213

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2nd 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Pierce

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* (68) Sixty eight *Years,* 3 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* Fifty eight years

*Place of Death,* {Give street and number} 327 Hoyle Av.

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,) "

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* 4 Oct 3 Oclock

*Undertaker,* George C Ordemann

*Place of Business,* 38 Eager Street

Silas Baldwin M. D.
Medical Attendant.

*Address,* 152 Townsend St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 14

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luvina Whyte

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 17 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* Domestic

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Three weeks

*Place of Death,* {Give street and number} Maryland Womans Hospital # 51 Saratoga st.

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,)

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* E Potters Field

*Date of Burial,* Oct 4th "80"

*Undertaker,* Patrick Mullin

*Place of Business,* # 6 P. Park ave

L Eugene Riggs M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Thomas Carr

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* One *Years,* 9 *Months,* 10 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} 549 W. Lombard St.

*Cause of Death,* {First, (Primary,) Second, (Immediate,)} Pleuro Pneumonia

*Duration of last Sickness,* about two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* Oct 3rd 1880

Christopher Johnston, Jr. M. D.
Medical Attendant.

*Undertaker,* Jos B. Bach

*Place of Business,* No 707 N Baltimore Street

*Address,* 82 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43216

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lord L. Shipley.

*Sex,* ~~Male or~~ *Female,* {Cross out the words not required in this line.}

*Age,* 28 *Years,* 4 *Months,* 16 *Days*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

*Duration of Residence in the City of Baltimore,* All his life.

*Place of Death,* {Give street and number.} 143 Hollins St

*Cause of Death,* {First (Primary,) Phthisis Pulmonalis.

Second (Immediate,)

*Duration of Last Sickness,* Six Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 6

*Undertaker,* J. R. Cook

*Place of Business,* 707 West Baltimore

John J. Pelton M.D.
Medical Attendant.

*Address,* City

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13217

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Jane Saunders

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Richmond Co. Va

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number} 298 Aisquith St

*Cause of Death* {First, (Primary,) Pneumonia Resolutis

Second, (Immediate,)

*Duration of last Sickness,* 2 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 4th 1880

*Undertaker,* B Hoke

*Place of Business,* Light & Fayette Sts

Geo. J. Simon M. D.
Medical Attendant,

*Address,* 134 Penna Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabelle Davis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Two *Years,* Six *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Two years & six mos.

*Place of Death,* {Give street and number.} 230 N. Hoffman

*Cause of Death,* First (Primary,) Scarlet Fever

Second (Immediate,) Pharyngitis

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 4th 1880

Joseph F. Smith M. D.
Medical Attendant.

*Undertaker,* Thos J Hughes *Address* 253 Madison Ave

*Place of Business,* 611 E Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 5
1910
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 4th October 1910

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Raps.

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 84 *Years,* 6 *Months,* *Days.*

*Color,* white

*~~Married~~, ~~Single~~, Widow or ~~Widower~~?* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bayreuth, Bavaria, Germany

*Duration of Residence in the City of Baltimore,* 26 years.

*Place of Death,* {Give street and number} E Lombard Street 241

*Cause of Death,* First, (Primary,) Hernia incarcerata.

Second, (Immediate,) Gangrena intestinorum

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery.

*Date of Burial,* 6th of October.

William Henkel M. D.
Medical Attendant.

*Undertaker,* Fred Gaede

*Place of Business,* 29 S Caroline St., *Address,* S. Wolfe & 11th.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 24 day of October 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva Margaretta Bittorff

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 8 *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 501 N. Gay St.

*Cause of Death,* First (Primary,) Phthisis pulmonum

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 5th.

Fred. Hess, M. D.
Medical Attendant.

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 3d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Joseph Curley

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ~~_____~~ *Years,* 3 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~_____~~

*Occupation,* ~~_____~~

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* ~~_____~~

*Place of Death,* {Give street and number} No 35 Bank st

*Cause of Death,* First, (Primary) Inanition

Second, (Immediate) ?

*Duration of last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* October 5th 1897

*Undertaker,* Mr. Frank

*Place of Business,* 35 Bank St.

L. O. Mutermilch M. D.
Medical Attendant.

*Address,* 12 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 4th 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sadie Noel

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 1 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } 468 Franklin St Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 468 Franklin St

*Cause of Death,* First, (Primary.) Pertussis Convuls

Second, (Immediate,) Cerebro Hyperæmia & Convulsions

*Duration of last Sickness,* About one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Oct 6th 1880

Hammond 468 Franklin M. D.
Medical Attendant.

*Undertaker,* W. T. Blackston & Son

*Place of Business,* Baltimore Station Fremont St

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43223 #43223 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert John Whittaker

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 Cambridge Street

*Cause of Death,* First, (Primary.) Tetanus Neonatorum

Second, (Immediate.) .....

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore ~~Cemetery~~

*Date of Burial,* October 5

James E. O'Shaw M.D.,
Medical Attendant.

*Undertaker,* Mr. John C. Deuss

*Place of Business,* 265 Aliceanna *Address,* 265 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No:** 43214 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Hennick.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 3 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 48 N Wallis St.

*Cause of Death,* First, (Primary,) Cerebro-Spinal Meningitis

Second, (Immediate,)

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Oct. 5th 1880.

*Undertaker,* H. Hofmann

*Place of Business,* 63 N. Eden St.

D M Cathell M. D.
Medical Attendant.

*Address,* 2 N Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1960 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anastasia Whilly

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* Cohile

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and number} 65 Hanford alley.

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem'y Wm. Brooke Boyle M. D.

*Date of Burial,* Oct 4 1880 Medical Attendant.

*Undertaker,* Lus P Byrne

*Place of Business,* Front st *Address,* 166 E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 43226

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 6 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Leinel

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* 66 *Years,* 4 *Months,* *Days*

*Color,* white

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number.} 308 S. Eats. ave.

*Cause of Death,* {First (Primary,) Second (Immediate,)} Marasmus

*Duration of Last Sickness,* ab. 6 months

All the above information should be furnished by the Physician.

*Place of Burial* St Aloysius Cemetery

*Date of Burial* Oct 6, 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 309 Central ave

Mattmon M.D.
Medical Attendant.

*Address,* 57 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43227 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 4 1880 BALTIMORE

*Date of Death,* Oct. 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Baldwin

*Sex, Male ~~or Female.~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 14 *Months,* 1 *Days.*

*Color,* Whit

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 146 S. Caroline St.

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Acute Meningitis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Oct. 3 th

*Undertaker,* Wendel Tippel

*Place of Business,* 21 Bond st. 15th

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No: 43228

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1860 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 2nd 1860

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hiebner

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* 8 *Months,* 9 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 253 Canton ave

*Cause of Death,* First, (Primary.) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 4th

*Undertaker,* H. Stockbridge

*Place of Business,* 264 Eastern Av

Thomas J. Evans M. D.
Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATI...

**Permit No.** 43229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 4- 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fry-

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Barber

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number.} 52 Wordyear Pl

*Cause of Death,* First (Primary,) Phthisis

Second (Immediate,)

*Duration of Last Sickness,* 2 years.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Oct 5th 1880

*Undertaker,* Geo Saffran

*Place of Business,* 121 Penna Ave

Alexander Tinsley M. D.

~~Medical Attendant.~~ Coroner

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43230

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 4 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Miller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* W *Sex,* M

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoe Maker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 44 years

*Place of Death,* {Give street and number.} 388 Druid Hill Ave

*Cause of Death,* First (Primary,) Abstinence

Second (Immediate,)

*Duration of Last Sickness,* Left Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 5th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* 1646 Druid Hill Ave

H C Hunt M. D.
Medical Attendant.

*Address* Cary & Fayette Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS

**Permit No.** 14323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 4. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Foundling

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} St V. I. Asylum

*Cause of Death* { First, (Primary,) Marasmus

Second, (Immediate,) .....

*Duration of last Sickness,* 2 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Bonnie Brae

*Date of Burial,* Sept 6. 1880

*Undertaker,* Jas Bramble

*Place of Business,* 156 Division St.

Mahlon Brown M. D.
Medical Attendant.

*Address,* 68 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 3rd 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Dunphy

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Thirty eleven *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} V

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Twenty six years

*Place of Death,* {Give street and number} 40 Ryan St

*Cause of Death,* First, (Primary,) Phthisis Pul.

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Eighteen months

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick cemetery

*Date of Burial,* Oct 5th 1886

T. P. McCormick M. D.
Medical Attendant.

*Undertaker,* Wm H Cook

*Place of Business,* N 707 W Baltimore Street | *Address,* 454 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. ~~42253~~ #43233 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 2 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bell Cummer

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 *Days.*

*Color,* White,

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 420 N. Eden St

*Cause of Death,* First, (Primary.) Hemorrhage from Bowels.

Second, (Immediate.)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 4th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St

J. H. Hook M.D.,
Medical Attendant.

*Address,* 73 E. Balt St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Catharine Clark Oct 3

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Clark

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 90 *Years,* — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 37

*Place of Death,* {Give street and number} 180 McHenry St

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* St Patricks cemetery

*Date of Burial,* Oct 6th 1880

*Undertaker,* Jos B Loch

*Place of Business,* 1702 W Baltimore Street

J J Knight M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43235 ~~43225~~ *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* John H. Burke

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } October 3rd 1880

*Sex, Male or ~~Female,~~* { Cross out the word not required in this line. }

*Age,* 45 *Years,* — *Months,* — *Days.*

*Color,* white

*~~Married, Single, Widow or~~ Widower,* { Cross out the word not required in this line. }

*Occupation,* collector.

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 23 years

*Place of Death,* { Give street and number. } at 29 S. Chester St

*Cause of Death,* First, (Primary.) Carcinoma Hepatis.

Second, (Immediate.) Cachexia

*Duration of Last Sickness,* one year

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 6th

*Undertaker,* D. N. Proll

*Place of Business,* 131 Hanover St *Address,* [illegible]

Wm Lehr M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43236 43236 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 3rd October 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} O. C Harris

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* W

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prince George Co Md

*Duration of Residence in the City of Baltimore,* Three years

*Place of Death,* {Give street and number.} 60 Barnet

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Anne Arundel Co Md

*Date of Burial,* Oct 5th

*Undertaker,* [redacted]

*Place of Business,* 131 Hanover St *Address,* 57 Barnet

A. N. Webster M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1914 Barnet

**Permit No.** 43237 OFFICE OF REGISTRAR OF VITAL STA...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

*Date of Death,* October 4, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin W. Moffett

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Grocer.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number} 142 Myrtle Avenue.

*Cause of Death* {First, (Primary,) Consumption.
Second, (Immediate,) 1 Month.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery.

*Date of Burial,* Wednesday Oct. 6th 1880

*Undertaker,* John F. Weaver & Co.

*Place of Business,* 22 N. Fayette St. *Address,* 75 E. Baltimore St.

W. W. Hood M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43238 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 3/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Lancaster

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Machinist - 41

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Harford Co Md

*Duration of Residence in the City of Baltimore,* All year

*Place of Death,* {Give street and number.} 141 S Calhoun St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) "

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Fallstown Md

*Date of Burial,* Oct 5th 1880

*Undertaker,* Elias Beaumont

*Place of Business,* Fallstown Md

W G Kegerise M.D.,
Medical Attendant.

*Address,* Mrs Lafayette Parker

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit Permit No. 1915

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43239

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Koch

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* 2 *Days.*

*Color,* —

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 14 Brown's Lane

*Cause of Death,* First, (Primary,) Bronchs-Pneumonia

Second, (Immediate,) Asthenia & apnoea

*Duration of last Sickness,* 6 days —

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* Oct 5th

C. C. McDowell M. D.
Medical Attendant.

*Undertaker,* John Deufel

*Place of Business,* 796 W. Balto. St *Address,* 642 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

**Permit No.** 43240

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 4 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Warfield

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 69 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Many Years

*Place of Death,* {Give street and number} Aged Womens Home

*Cause of Death* {First, (Primary,) Asthma,

Second, (Immediate,)

*Duration of last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 6th Oct. 1880

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St.

Geo H Lop M. D.
Medical Attendant.

*Address,* 1 Waverly Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S[illegible]

*Permit No.* 43241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fi[illegible] out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

*Date of Death,* Oct. 4. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mettee

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} ~~Baltimore~~ Virginia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 18 Brune St.

*Cause of Death,* First, (Primary,) Puerperal Fever.

Second, (Immediate,) 4 days.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* 3 o'clk P.M. Oct 5th 1880 J. W. C. Childs M. D.
Medical Attendant.

*Undertaker,* Jos B Cook

*Place of Business,* ~~#707 W Balto St~~ *Address,* 363 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

*Permit No.* 43242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 4 2 P.M.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Prusbury

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* / *Years,* / *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } XXX

*Occupation,* XX

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balt City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 74 S. Bethel St

*Cause of Death* { First, (Primary,) Diarrhoea / Second, (Immediate,) ~~Collapse~~ Exhaustion

*Duration of last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 5th 1880

James E Donnelle M. D.
Medical Attendant.

*Undertaker,* Thos J Locke

*Place of Business,* 32 Hanover

*Address,* 2996 Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43243

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fill out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1888 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 4 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Henry Berghe

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 4 *Years,* 8 *Months,* 2 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Fo Liberty St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 357 West St

*Cause of Death* { First, (Primary,) Scarlet Fever
Second, (Immediate,)

*Duration of last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Ballo Cemetery

*Date of Burial,* October 6 1880

*Undertaker,* Fred'n Frill

*Place of Business,*

Geo. W. Dennis M. D.
Medical Attendant.

*Address,* 44 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore

**Permit No.** 4324 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irvin F. Chaney

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} male

*Age,* two & Days *Years,* *Months,* 1 *Days.* 4

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 178 Lemmon St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 206 Perry St

*Cause of Death* First, (Primary.) Marasmus

Second, (Immediate,) Congestion of Brain

*Duration of last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 5th 1880

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St.

T. C. Worthington M. D.
Medical Attendant.

*Address,* 373 N Fayette & 1 Bal.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

[OVER.]

KODA

Permit No. ~~43245~~ #43245 — Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o... if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Rebecca Marine

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 16 *Years,* 2 *Months,* — *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

~~*Occupation,*~~ — —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 5 Zion Alley

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Toxaemia

*Duration of Last Sickness,* 5 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Asbury Evergreen

*Date of Burial,* Oct 5th 1880

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga St

Jno. S. Lynch M.D.,
**Medical Attendant.**

*Address,* 14 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43248 #43246 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 3, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Gunnay

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*~~Color~~,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto - City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} S. E. cor Barnes & Broadway

*Cause of Death,* First, (Primary.) Battle Let

Second, (Immediate.) Inanition

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Oct 1st 1880

*Undertaker,* H. Schultze

*Place of Business,*

J. M. White, M.D.,
Medical Attendant.

*Address,* cor Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimo[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTIC[illegible]

*Permit No.* 43247

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Rines

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Indiana

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 184 McCulloh st

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* about 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cy.

*Date of Burial,* Oct. 5. 1880.

D. C. Williams *M. D.*
Medical Attendant.

*Undertaker,* Edward F. Murray

*Place of Business,* 365 Park Ave. *Address,* 201 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43248 #43248 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 4th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George August

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 47 0 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Seaman

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Louisiana

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* { Give street and number. } St Josephs Hospital

*Cause of Death,* First, (Primary.) Cancer of Stomach and Liver

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Ten months

All the above information should be furnished by the Physician.

*Place of Burial,* Potters Field Cemetery

*Date of Burial,* Oct 5 1880

*Undertaker,* Henry Flowers

*Place of Business,* 309 Central Ave

Chas Goldsmith M.D.,
Medical Attendant.

Address, U.S. Marine Hospital Service
St Josephs Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43249

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Iggy Niesner

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* Fine *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} H. 476 Canton Av.

*Cause of Death,* First, (Primary,) Peritonitis

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* about 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cemetary

*Date of Burial,* Oct. 6th 1880

L. D. Neidermeyer M. D.
Medical Attendant.

*Undertaker,* L. Ritz

*Place of Business,* 129½ S. Broadway *Address,* 12 S. Eden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

**Permit No.** 43250 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat* *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said dece sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 5th 4 + 5 min A.M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Bentley jr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 3 *Months,* 18 *Days.*

*Color,* *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give street and number.} 369 E. Baltimore St-

*Cause of Death,* First (Primary,) Diphtheria, Malignant.

Second (Immediate,) Coma & convulsion

*Duration of Last Sickness,* Taken sick on Tues. Sept 28th & one week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Oct 6th 1880 N. G. Keerle, M. D.

Medical Attendant.

*Undertaker,* Wm J Slaughy

*Place of Business,* 411 E Balto *Address* 74 N. Paca St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

See other side

Permit No. 4325 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 6 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 4/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mc Elias Henry Meyer.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 5 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 692 Saratoga St

*Cause of Death,* First, (Primary.) Croup

Second, (Immediate.) "

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill cemetery

*Date of Burial,* Oct 6th 1880

*Undertaker,* Jos H Cook

*Place of Business,* 1077 W Baltimore Street

M. Kapeller M.D.,
Medical Attendant.

*Address,* 1116 Fayette Cath

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

*Permit No.* 43252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Years, 2 1/2 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Unknown

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Nursery and Child's Hospital

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 6

*Undertaker,* A. J. Bryant

*Place of Business,* 201 Park

C. F. Brown M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43258

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, a... to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said the... roner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT. 1903 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 4 1903

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Mona Sullivan

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 15 *Years,* — *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number } 368 S Caroline St

*Cause of Death* { First, (Primary,) Diphtheria Membranous Tonsilitis

, { Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 6

*Undertaker,* C. H. Heaps and Son

*Place of Business,* 201 Park Ave

M. H. Levin M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimo

Permit No. 13257

OFFICE OF REGISTRAR OF VITAL S

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceas sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annabella Fisher

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Eight Eight *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 119 W. Monument St

*Cause of Death,* First, (Primary,) Advanced age & general debility

Second, (Immediate,) " "

*Duration of last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cy

*Date of Burial,* Oct 7th 80

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park Ave

Jos. Lloyd Martin M. D.
Medical Attendant.

*Address,* No 38 Mount Vernon Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimo

Permit No. 43255 — Office of Registrar of Vital St

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur* *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Lown

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} XXX

*Occupation,* XXX

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 37 Jackson Square

*Cause of Death* First, (Primary,) Carcalina

Second, (Immediate,) Malignia

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemty

*Date of Burial,* Oct 7th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 658 Broadway

James E Donnelly M. D.
Medical Attendant.

Address, 292 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

**Permit No.** 43256

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George E Curtis

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 3 *Months,* ____ *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md Locust alley

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* { Give street and number } 160 Locust alley

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Octo 6

*Undertaker,* Jacob Davis

*Place of Business,* 103 Lee st

J J Shull M. D.
Medical Attendant.

*Address,* 260 South Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 43257

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OCT. 6 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 5 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm L Garrey "Orem L. Garrey"

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. }

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* Hunt Keeper

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 26 Years

*Place of Death,* { Give street and number } N Calvert St

*Cause of Death* { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) Exhaustion, Diarrhoea &c

*Duration of last Sickness,* about 9 Mo

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* 7th Oct. 1880

Chas Edmonson M. D.
Medical Attendant.

*Undertaker,* H. W. Dunkin & Son

*Place of Business,* 16 Light St. *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimor

Permit No. 43258

OFFICE OF REGISTRAR OF VITAL ST

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accu*
*out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT. 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 5 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Kellman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number} " " 20 Ohio St.

*Cause of Death,* First, (Primary,) Cholera - Infantum

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Oct 6th 1880

W. S. Booze M. D.
Medical Attendant.

*Undertaker,* Philip Koehler

*Place of Business,* Mast & Brass. *Address,* 206 Shark St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[ov.]

Permit No. 43259 #43259

REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 5th. (5.35 Pm.) 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Monlyn

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

*Age,* 31 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Book-Keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Rotterdam - Holland -

*Duration of Residence in the City of Baltimore,* B

*Place of Death,* {Give street and number.} 144 West. Fayette Street

*Cause of Death,* {First (Primary,) Consumption - & Laryngeal Phthisis

Second (Immediate,) Asthenia.

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,* Oct. 7th 1880

*Undertaker,* Palmer Koehler

*Place of Business,* Sharp & Cross st

Samuel Johnston M. D.
Medical Attendant.

*Address* 80 W. Monument.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43260

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 1st Oct 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Daisy Dunbar

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* 18 *Days.*

*Color,* White *Sex,* Female

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto Co.

*Duration of Residence in the City of Baltimore,* 1 mo.

*Place of Death,* {Give street and number.} 99 N Exeter St.

*Cause of Death,* First (Primary,) Inanition.

Second (Immediate,) .....

*Duration of Last Sickness,* since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Calvary H. W. Ellis M. D.

*Date of Burial,* Oct 6, 1880 Medical Attendant.

*Undertaker,* Wm H. Hickman *Address* 274 Madison Ave

*Place of Business,* 234 N. Gay St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 4 02 81 43261 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 5. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Artman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 15 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 29 Watson St.

*Cause of Death,* First, (Primary.) Tubercular Meningetis

Second, (Immediate.)

*Duration of Last Sickness,* 1 wk

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Oct 6 1880

*Undertaker,* James P Coyne

*Place of Business,* 463 N Front St

J. W. Honeck M.D.,
Medical Attendant.

*Address,* 75 E. Baltimore St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6. 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addaide Rigby

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 6 *Years,* 5 *Months,* 3 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Nine

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 17 Valyant St

*Cause of Death* First, (Primary,) Rheumatism

Second, (Immediate,) Cardiac Hemorrhage & Anemia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Oct 7th

*Undertaker,* H. Frockluh

*Place of Business,* 244 Eastern

E. J. Williams M. D.
Medical Attendant.

*Address,* 17 Valyant St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 5 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Eisele

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* One *Years,* Given *Months,* *Days.*

*Color,* White

*~~Married~~ Single, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 169 S. Bond St.

*Cause of Death,* First, (Primary.) Bronchitis (Influenza)

Second, (Immediate,)

*Duration of last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct. 6th

E. W. Gilman *M. D.*
Medical Attendant.

*Undertaker,* H. Frohlich

*Place of Business,* 244 Eastern Av *Address,* 101 Gough St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 43264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~certified and filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

OCT 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Baltimore Oct 5th 1880,

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Wolfram,

*Sex, Male or Female,* { Cross out the word not required in this line. } Female,

*Age,* 4 *Years,* 2 *Months,* *Days.*

*Color,* White, *Sex,* —

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Prussia,

*Duration of Residence in the City of Baltimore,* 2 Months

*Place of Death,* { Give street and number. } 34 Hubbert St. Locust Point,

*Cause of Death,* First (Primary,) Diptheria,

Second (Immediate,)

*Duration of Last Sickness,* 2 Days,

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cem.

*Date of Burial,* Oct 6th

{ *Undertaker,* H. Frechlich
{ *Place of Business,* 244 Eastern Av

J. J. Sullivan M. D.
Medical Attendant.

*Address* 116 Thames St,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No: 43265

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 5. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Andersen

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 36 *Years,* 9 *Months,* *Days.*

*Color,* Negro

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } V

*Occupation,* Waiter

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } New Orleans

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* { Give street and number } 103 Raborg St.

*Cause of Death,* { First, (Primary;) Typhoid Fever

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 24 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lowell Cemetery

*Date of Burial,* Oct 6 1880

*Undertaker,* William Burgess

*Place of Business,* No 62 East Street

Wm B. Canfield M. D.

Medical Attendant.

*Address,* University Hospital Lombard & Greene Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Drury

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 62 *Years,* 3 *Months,* 12 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baden

*Duration of Residence in the City of Baltimore,* 37 years

*Place of Death,* {Give street and number} 303 N Eutaw

*Cause of Death,* First, (Primary.) Cholera Morbus

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 1½ days

All the above information should be furnished by the Physician.

*Place of Burial,* Bally Union

*Date of Burial,* Oct 8th 1880

C Musgrove M. D.
Medical Attendant.

*Undertaker,* Chas. H. Sanders

*Place of Business,* 241 N Eutaw

*Address,* 213 McCulloh St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O Fredrick

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Years, Months, 7 Hours Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 48 Row St

*Cause of Death* First, (Primary,)

Second, (Immediate,) Premature Birth

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Cemetary

*Date of Burial,* Oct 6th 1880

*Undertaker,* L. Ritz

*Place of Business,* 129½ S. Broadway

D J Gallagher M. D.
Medical Attendant.

*Address,* 244 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 432 68

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 6 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rufus S Callis

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* Two *Years,* 4 *Months,* 13 *Days.*

*Color,* C & C *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} of Baltimore

*Duration of Residence in the City of Baltimore,* 2 y 4

*Place of Death,* {Give street and number.} 187 Vine Street

*Cause of Death,* First (Primary,)

Second (Immediate,) Convulsions

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Sept 7. 1880

*Undertaker,* Hensley & Warren

*Place of Business,* 116 Arch St.

D. Hagner M. D.
Medical Attendant.

*Address* 916 W Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 6 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 5 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Green

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 26 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} dont Knew

*Occupation,* Convict

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} dont Know

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and number.} Maryland Penitentiary

*Cause of Death,* {First (Primary,) Consumption / Second (Immediate,)

*Duration of Last Sickness,* 18 Months

All the above information should be furnished by the Physician.

*Place of Burial,* E. P. Cemetery

*Date of Burial,* October 5th

*Undertaker,* Patrick O'Mullin

*Place of Business,*

Silas Balderine M.D.
Medical Attendant.

*Address,* 152 Front Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43270

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 5th 1880 10 A M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Margaretta~~ Carey Carey

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ~~47~~ 48 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* House Wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 33 yrs

*Place of Death,* {Give street and number} 26 South St

*Cause of Death* {First, (Primary,) Second, (Immediate,)} Phthisis Pulmonalis

*Duration of last Sickness,* eight years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* October 7th 1880

*Undertaker,* M. P. Dalgen

*Place of Business,* 745 Broadway

A Leggett Shriver M. D.
Medical Attendant.

*Address,* 11 S. High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No: 43271

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Octo 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Travers

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ~~Years,~~ 6 *Months,* ~~Days.~~

~~*Color,*~~ Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 499 Eastern Avenue

*Cause of Death,* First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Oct 7th 1880

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St

Thomas J. Evans M. D.
Medical Attendant.

*Address,* 12 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43272 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

#43272

HEALTH DEPARTMENT OCT 1890 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Tuesday 5th October

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Cullender

*~~Sex, Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 9 *Months,* 10 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 67 Albemarle

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Exhaustion perforation of the bowel

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cemetery

*Date of Burial,* 7th October

*Undertaker,* Geo. Schillings

*Place of Business,* Eastern Ave & Monument

Geo Walls M.D.,
Medical Attendant.

*Address,* 274 Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43273 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43273. **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

*Date of Death,* Oct 6

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E. Brown

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 4 *Days.*

*Color,* Blk

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 1 yr

*Place of Death,* {Give street and number.} 178 Hughes st

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Pulmonary Congestion

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct. 6th 1880

*Undertaker,* Geo H Pitkin Jr & Co

*Place of Business,* 120 Hanover st

H. H. Ellis M.D.,
Medical Attendant.

*Address,* 315 Light st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43274

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 9 A.M. October 5. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lower

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* 7 *Months,* 14 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the word is not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany 14 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 100 N Ann Street

*Cause of Death,* {First (Primary,) Typhoid Fever

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 21 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Oct 6 cer 9.

*Undertaker,* John Keeney

*Place of Business,* 382 Orleans St

Charles H Thomas *M. D.*
Medical Attendant.

*Address* N E Baltimore Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43275 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *separately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 6. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Rudloff,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Twenty two years

*Place of Death,* {Give street and number.} Mulliken st. east.

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.) Hemorrhage (Cerebral)

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 8.

*Undertaker,* John Kenney.

*Place of Business,* 882 Aisquith St.

G. H. Lenk M.D.,

Medical Attendant.

*Address,* Balt. & Mosher

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43276

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Hankagan

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 413 Sarratoga St.

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Inflammation of Brain

*Duration of last Sickness,* about 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* October 7th 1880

H. Genet Reed M. D.
Medical Attendant.

*Undertaker,* Peter Kemmerer

*Place of Business,* 317 Mulberry *Address,* 2 Cathedral

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

*Permit No.* 13277

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George C. Rodemeyer

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 66 years, *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widower

*Occupation,* Undertaker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 66 years

*Place of Death,* {Give street and number.} Eutaw Street No. 38

*Cause of Death,* First (Primary,) General Debility

Second (Immediate,)

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* 8 Oct 2 Oclock

*Undertaker,* C A Comman

*Place of Business,* 38 Eutaw St

Rich. Sappington M. D.
per. J. H. Worthington
Medical Attendant.

Address 132 N. Gay Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43278

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

*Date of Death,* October 6 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Walton.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

*Age,* 70 *Years,* 8 *Months,* 7 *Days.*

*Color,* White.

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Manchester England.

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give street and number.} 286 N. Howard St.

*Cause of Death,* {First (Primary,) Chronic Valvular Disease of Heart.

{Second (Immediate,)

*Duration of Last Sickness,* Under treatment 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct. 8th 1880.

{*Undertaker,* Wm. H. Wickman

{*Place of Business,* 234 W. Bay St.

Jno. F. Powell. M. D.
Medical Attendant.

*Address* 227 Carroll Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43279 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane C Hanbest

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 69 Eager St

*Cause of Death,* First, (Primary.) Cerebral Hge

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Govenstown Balto Co

*Date of Burial,* Oct. 7th 1880

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 N. Gay St.

Gustavus Ridout M.D.,
Medical Attendant.

*Address,* 49 Franklin

HEALTH DEPARTMENT OCT 1880 BALTIMORE

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Permit No. 43280

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brennan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Roscommon Co. Ireland

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and number.} 89 Hanover St

*Cause of Death,* First, (Primary.) This person came under my Care for an attack of ~~Peritonitis~~ from 13th to 25th ult. from which she seemed to have recovered ~~from~~ on the 28th I was called again found the last been ~~over~~ her attack was ~~Peritonitis~~ Pneumonia of which she died on the 4th Oct. when I had ~~left~~ her and found her able to sit up.

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct. 8th 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

John F. Monaghan M.D.,
Medical Attendant.

*Address,* 814 E. Baltimore St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43281 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria C. Rosengreen

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* ~~Days.~~

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Sweden — 3 months

*Duration of Residence in the City of Baltimore,* 8 days

*Place of Death,* {Give street and number.} 146 Lancaster St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Chronic Pneumonia

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balt Cemetery

*Date of Burial,* Oct 7th 1880

*Undertaker,* Pat Mullin

*Place of Business,*

Jas A Steuart M.D.,

Address, Comm of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr J. F. McShane

[OVER.]

*Permit No.* 43282 ~~43282~~

The Physician who attended any person in a fatal illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

*Date of Death,* Oct. 6th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence B my Cor

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* Blk.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Calif.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} 93 State Paca.

*Cause of Death,* {First (Primary,) Second (Immediate,)} Pertussis.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* October 8

{*Undertaker,* Herbert Ross / *Place of Business,* 94 Hanover St}

Jas. G. Whitehurst, *M. D.*
Medical Attendant.

*Address* Fayette & Paca sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43283 ~~43283~~ *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eurnal

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} America

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Asylum of the Little Sisters of the Poor cor: John and valley sts

*Cause of Death,* First, (Primary.) old age

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cimetery

*Date of Burial,* October 7th 1880

*Undertaker,* Henry Shelthers

*Place of Business,*

L Albanese, *M.D.,*

Medical Attendant

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43284

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 1 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 375 East Baltimore St

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* 73 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Oct. 4th

*Undertaker,* Henry Landers

*Place of Business,* 257 Canton Ave

Jno C Bangs M. D.
Medical Attendant.

*Address,* 11 E Cr Bal & Paca

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43285

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 4. October 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mina Bieber

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 20. *Years,* — *Months,* — *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* { Cross out the ~~word not~~ required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 10 Exeter St

*Cause of Death,* First, (Primary.) Mal. Typhus

Second, (Immediate.)

*Duration of Last Sickness,* ab. 3 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 8th October

*Undertaker,* L. Weber

*Place of Business,* 26 Eutaw St

Dr. Hartmann M.D.,
**Medical Attendant.**

*Address,* 57 Augusta

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. ~~43286~~ 43286 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE.

# CERTIFICATE OF DEATH

*Date of Death,* Oct 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dorsey

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 8 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 14 Edward St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 8th 1880

*Undertaker,* W. M. Dungee

*Place of Business,* East St

James H Lewis M.D.,

~~Medical Attendant.~~

*Address,* Comm of Health Registrar

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. P. Smith

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43287 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Jones

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 hours ~~Days~~.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and number.} 16 Columbia Ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Premature Birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Canton Pr. Cemetery

*Date of Burial,* Oct 8th

*Undertaker,* F. F. Bell

*Place of Business,* #131 Hanover St. *Address,* 146 Hanover St

Theodore Legg & Co M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 7 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Lloyd Anderson

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* Four *Months,* ____ *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md Cleveland Alley

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } No 303 Hanover St between Ensor & Charles

*Cause of Death,* { First, (Primary,) Disease of the brain
Second, (Immediate,) Three weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. Public Cemetery

*Date of Burial,* Oct 8th 1880

*Undertaker,* Fred a Kirchner

*Place of Business,* 50 S. Conkling ave

J J Smith M. D.
Medical Attendant.

*Address,* 260 Aisquith East City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 48289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 7th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Rose

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give street and number} 58 N. Fremont St

*Cause of Death* First, (Primary,) Paralysis

Second, (Immediate,) "

*Duration of last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* October 10th 1880

*Undertaker,* Wm. Elaw

*Place of Business,* 101 Gough St *Address,* Cor Fayette & Schroeder Sts

A. C. Fox M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thos E Elliott

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 66 *Years,* *Months,* *Days.* 1

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Saloon

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Th US

*Duration of Residence in the City of Baltimore,* not at ale

*Place of Death,* { Give street and number } Schoon Queen gun Cat Pinkfield off Cigarettes Light Bottles

*Cause of Death* { First, (Primary,) Syphilis / Second, (Immediate,) Intemperance

*Duration of last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,* October 7

{ *Undertaker,* Patrick Mullin / *Place of Business,* }

Edm F R Walker M. D.
Medical Attendant.

*Address,* Govans M P D

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Virginia Dunn

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 12 Scott St

*Cause of Death* First, (Primary,) Whooping-Cough

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Oct 8th 1880

*Undertaker,* Jos H. Eaton

*Place of Business,* 1707 E. Baltimore street

Jno. D. Pennington, M. D.
Medical Attendant.

*Address,* 184 N. Carrollton Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43292 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43292

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 8 - 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Grill

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} M

*Occupation,* Tailor

*Birth-place,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 yrs.

*Place of Death,* {Give street and number.} 21 Jacket alley

*Cause of Death,* First, (Primary.) Paralysis Agitans

Second, (Immediate.)

*Duration of Last Sickness,* 6 years

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Oct 8 80~~ Baltimore Co. Alms

*Date of Burial,* Oct 8 80 10 —

*Undertaker,* B. Hasle

*Place of Business,* 82 West St.

Geo. Ellis M.D.,

Medical Attendant.

*Address,* 315 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 14293

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 7th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Margaretta Winkle

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. } Female

*Age,* 86 *Years,* 7 *Months,* *Days.*

*Color,* White *Sex,* Female

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* { Cross out the words not required in this line. }

*Occupation,* None

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 53 yrs

*Place of Death,* { Give street and number. } 109 N. Gun

*Cause of Death,* { First (Primary,) Old Age

Second (Immediate.)

*Duration of Last Sickness,* 37 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery Wm N. Hill M. D.

Medical Attendant.

*Date of Burial,* Oct 9th 80

{ *Undertaker,* Geo Schilling

{ *Place of Business,* Ashland Ave *Address* 196 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 43294

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Elmore Clayton

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 7 *Years,* 5 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} N. Washington St. 4th house from Eager

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate,) Bronchitis

*Duration of last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 9th 80

*Undertaker,* Geo Schilling

*Place of Business,* 45 Aisquith & Eager

J Hollenberg M. D.
Medical Attendant.

*Address,* 357 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Octob. 6. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} John G. Miller

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* 10 *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Confectioner

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* {Give street and number.} N. Gay st 434.

*Cause of Death,* First (Primary,) 3 Diarrhoea

Second (Immediate,)

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 10th/80

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square *Address*

C. H. Pitts M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

**Permit No.** 43,296. OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Simpson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 22 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 22 yrs

*Place of Death,* {Give street and number} 156 Lydia St

*Cause of Death* { First, (Primary,) Albuminuria Kidneys (Albuman)
Second, (Immediate,) Childbed Fever

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial* Asbury Cemetery

*Date of Burial,* Oct 9th 1880

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry St

J. A. Gillis M. D.
Medical Attendant.

*Address,* 150 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Rebecca Knight

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} 112 N Greene St

*Cause of Death,* First, (Primary,) Bronchitis

Second, (Immediate,)

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Cem

*Date of Burial,* Oct 10th 1880

J. J. Knight M. D.
Medical Attendant.

*Undertaker,* F. Lewis Schaefer

*Place of Business;* 109 N Fremont *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43298 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

43298 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurence Johannus Harmes

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 1 *Months,* 14 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 110 Thames st

*Cause of Death,* First, (Primary.) Scarlatina Anginosa

Second, (Immediate.)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 8th

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Av

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Glos

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Ninety *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania York County

*Duration of Residence in the City of Baltimore,* Sixty five years

*Place of Death,* {Give street and number} 274 Penn Mount Avenue

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) Uremia ( Inguinal

*Duration of last Sickness,* About one week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct 10 th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave *Address,* Broadway & Eutaw

Milton Taylor M. D.
Medical Attendant,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43300

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William McIville

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Seafaring man

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Rhode Island

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* First, (Primary,) Intemperance

Second, (Immediate,) Congestion of Brain

*Duration of last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Lay. M.~~ Mount Hope Cemetery

*Date of Burial,* Oct 9 80

*Undertaker,* C. H. Bluzer

*Place of Business,* 201 Pennsa Ave *Address,* 92 Mosher St

Chris Fawcett M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit 1916.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43301

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 8 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Dutrow

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 45 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 14 years

*Place of Death,* {Give street and number.} No 12 Washington Road

*Cause of Death,* First (Primary,) Intermittent Fever

Second (immediate,) Dropsy (General)

*Duration of Last Sickness,* about four weeks

All the above information should be furnished by the Physician

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 9th 1880

*Undertaker,* Jas B Cook

*Place of Business* No 707 W Baltimore Street

H. W. Hebner *M. D.*
Medical Attendant.

*Address* 298 W Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 113304

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Cody

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Shoemaking

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give street and number} City Hospital

*Cause of Death,* First, (Primary.) Acute Laryngitis

Second, (Immediate,) Edema

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonna Brea

*Date of Burial,* Oct 9th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 416 Druid Hill Ave

J. H. Buchan M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43303 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43303

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 9 1 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct. 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Heimbuch

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months,* 4 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 63 Bank St

*Cause of Death,* First, (Primary.) membranous croup

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 9th

*Undertaker,* Mc Hentz

*Place of Business,* 122 S. Bond

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 E. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 43804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT SEP 9 1 1889 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 10.7.89

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Medinia Hazleton

~~*Sex, Male or* Female,~~ { cross out the word not required in this line. } F

*Age,* 2 4 *Years,* ——— *Months,* ——— *Days.*

*Color,* Blk

*Married,* ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* Schl Teacher

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* 11 Yrs

*Place of Death,* { Give street and number } 9 Wilmot ave

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 9 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Oct 9 89

*Undertaker,* Thos J Fee

*Place of Business,* 781 Jefferson

F. M. Coleman *M. D.*
Medical Attendant.

*Address,* 349 W

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

..., J. C. DUFLANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43305

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

*Date of Death,* October 7th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Gilliard

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 26 *Years,* 3 *Months,* 4 days *Days.*

*Color,* African

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Domestic

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Maryland

*Duration of Residence in the City of Baltimore,* Entire Life

*Place of Death,* {Give street and number} 2nd 101 S. Durham St

*Cause of Death* {First, (Primary,) Phthisis (Acquired)
Second, (Immediate,) Hemorrhage & Exhaustion

*Duration of last Sickness,* About three months

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Oct 9th 1880

*Undertaker,* Thos J Locke

*Place of Business,* 23 Jefferson St

A. J. Lowe M. D.
Medical Attendant.

*Address,* 109 Bank St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 8 = 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie A. Walsh

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 21 *Years,* 3 *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} N. W. Cor Bank St & Duncan Alley

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemt.

*Date of Burial,* Oct 10 1880

*Undertaker,* M. Clarke & Sons

*Place of Business,* 64 E. Balto St

A. F. Erich M. D.
Medical Attendant.

*Address,* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 8th. 1880 5.40 P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Potter Jr. Manley

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* 10 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} #203 South Paca St.

*Cause of Death* First, (Primary,) Scarlet-fever

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Two (2) hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Oct. 9th 1880

*Undertaker,* Wm. E. Tolson

*Place of Business,* 65 E. Eutaw St.

Thos. F. Claudius M. D.
Medical Attendant.

*Address,* N.E. Cor. Columbia Ave & Bond

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Benjamin Scott

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* ~ *Years,* ~ *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~

*Occupation,* ~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 113 Jefferson St

*Cause of Death,* First, (Primary.) Congenital Debility

Second, (Immediate,)

*Duration of last Sickness,* Lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Annapolis Md

*Date of Burial,* Oct 10th 1880

D M Cathell M. D.
Medical Attendant.

*Undertaker,* Conrad Kunkel

*Place of Business,* Park ave *Address,* 2 W Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1918 Transit

[OVER.]

Permit No. 443309 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 9 1 1889 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 8th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Harper

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 8 *Days.*

*Color,* W. S

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 280 Eastern Ave

*Cause of Death,* First, (Primary.) Scarlatina maligna

Second, (Immediate.) Paralysis cordis

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Oct 10th

*Undertaker,* Henry Stockbridge

*Place of Business,* 244 Eastern

Thos. Mathieu M.D.,
Medical Attendant.

*Address,* 245 E. Baltimore

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Jarvis Hess.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Two *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} 100 Hill St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 100 Hill St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlet Fever

*Duration of last Sickness,* Four days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Oct 10th 1880

Edward P Hand M. D.
Medical Attendant.

*Undertaker,* John Maclin

*Place of Business,* No 150 Lemmon St

*Address,* 248 N. Longwood St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 14311 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 9 1 1920 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Franklin (mother)

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 7 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 3 Edw Street Court

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 9th 1880

*Undertaker,* C. H. White

*Place of Business,* Granby

Thos A Shaw M.D.,
Medical Attendant.

*Address,* Commission & Health Officers

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo E. Brown

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

*Date of Death,* Oct 7th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sina Bowly

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laundress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} E. S. Dorchester Co Md

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and number} 228 Hughes St

*Cause of Death* { First, (Primary,) Phthisis / Second, (Immediate,)

*Duration of last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 10th 1880

*Undertaker,* Wm H Dunger

*Place of Business,* No 62 East St *Address,* H. H. Hanover St

Dr. W. H. Sexton *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43313 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43313 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

*Date of Death,* Oct. 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Miller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* / *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 73 Bank St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Oct 10th

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Ave

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43314 43314 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 9 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles M^c Closkey Father

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 2 minutes ~~Days~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 107 N. Chester St

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 9 " 1880

*Undertaker,* Fry & Bro

*Place of Business,* N. Broadway

James A Lewis M.D.,

~~Medical Attendant~~

*Address,* Comm'rs of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd. J. C. P. Smith

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 43315

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Oct 8. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank E. Ephfrey

Sex, Male or Female, {cross out the word not required in this line.} Ephfrey

Age, Years, Three Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 710 W Pratt

Cause of Death, First, (Primary.) Cholera Infantum

Second, (Immediate,)

Duration of last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Oct 9th 1880

Thos Opie M. D.
Medical Attendant.

Undertaker, L. M. Leonard & Son

Place of Business, 782 W Balto Address, 581 Lexington

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 43316

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Wood

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 33. *Years,* 5 *Months,* 15 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Contenuous

*Place of Death,* {Give street and number} 22 N. Schroeder

*Cause of Death,* {First, (Primary,) Nephritis

{Second, (Immediate,) "

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Oct 12th 1880

*Undertaker,* John Lake

*Place of Business,* 161 E Balt St.

Thomas Opie M. D.
Medical Attendant.

*Address,* 581 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Agnes Bacon

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* Years, 9 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } 28 S. Eutaw St

*Duration of Residence in the City of Baltimore,* 9 Months

*Place of Death,* { Give street and number } 28 S. Eutaw St

*Cause of Death* { First, (Primary,) Cholera Infantum

Second, (Immediate,)

*Duration of last Sickness,* 2 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Oct 9th 1880

*Undertaker,* Jas F Byrne

*Place of Business,* 5 N Eutaw

Jos. E. Chappell M. D.
Medical Attendant.

*Address,* 18 S. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 43318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Riardemaro

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 1½ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifelong

*Place of Death,* {Give street and number} 124 N Caple St

*Cause of Death* {First, (Primary,) Hemorrhage

{Second, (Immediate,) .....

*Duration of last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Oct 8, 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 309 Central Ave

E H Cullen M. D.
Medical Attendant.

*Address,* 157 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43317 #43319 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Rolle

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany (Born in Prus

*Duration of Residence in the City of Baltimore,* 18 ears

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Cancer Stomach (Cardiac orifice)

Second, (Immediate.) Exhaustion from Starvation

*Duration of Last Sickness,* 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Grd

*Date of Burial,* Oct 8, 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 309 Central ave *Address,* 188 N Chas St

Geo. L. Cates *M.D.,* Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43320 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shuck

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 2 *Months,* 14 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 9 years 2 mos & 10 days

*Place of Death,* {Give street and number.} Eastern Avenue No 105

*Cause of Death,* First, (Primary.) Malaria

Second, (Immediate.) Dropsy

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lh Alphonsus Cem

*Date of Burial,* Oct. 10th

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave

Wm H Stewart M.D.,
Medical Attendant.

*Address,* E. Baltimore

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1920 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 8. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Thomas

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* — *Years,* — *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 377 LaFayette Ave

*Cause of Death,* First, (Primary.) Imperfect development

Second, (Immediate,) " "

*Duration of last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holchester Rest Grd

*Date of Burial,* Oct 9 - 1880

Thos Ogle M. D.
Medical Attendant.

*Undertaker,* Henry Mitchell

*Place of Business,* 330 Fayette St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Transit Permit Nov 1917

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerson Krause

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Seventy *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Trader

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give street and number} 152 E Bond Street

*Cause of Death,* First, (Primary,) I think old age

Second, (Immediate,) Bright disease of the kidneys

*Duration of last Sickness,* About Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel H Hebrew Cemetery

*Date of Burial,* October 10th 1880

*Undertaker,* Wm Edes

*Place of Business,* 101 Gough St

Milton E Taylor M. D.
Medical Attendant.

*Address,* Broadway & McElderry St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43323

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Kowalski

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* One *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} 3 Shakspeare St.

*Cause of Death,* First, (Primary,) Inflammation of Bowels

Second, (Immediate,)

*Duration of last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* H. Of Holy Cross Cem.

*Date of Burial,* Oct. 10

*Undertaker,* Wm. Dilger

*Place of Business,* S. Broadway

John A. Kelburn M. D.
Medical Attendant.

*Address,* 203 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALL OF RECORDS OCT 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariana Sonnebeck

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 1 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 418 Eastern Av.

*Cause of Death,* First, (Primary.) Dysentheritic Croup

Second, (Immediate,)

*Duration of last Sickness,* 7 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Oct. 10

John A. Rehberger M. D.
Medical Attendant.

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond st 171 *Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT OCT 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct., 8th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Grace Cole

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number } 354 E Chase st

*Cause of Death* { First, (Primary.) Catarrhal Croup

Second, (Immediate,)

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* Oct 10 3 Odd Fell

M. B. Billingslea M. D.
Medical Attendant.

*Undertaker,* A. Kohler

*Place of Business,* 244 E. Lombard St — *Address,* ~~Her~~ 256 John st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITEOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9 th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Theresa Shockley

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* five *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} No 12 Patuxent St

*Cause of Death,* First, (Primary.) Scarlet Fever

Second, (Immediate,) Intermittent Fever

*Duration of last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cem

*Date of Burial,* Oct 10th 80

E. Jones Williams M. D.
Medical Attendant.

*Undertaker,* M. Francis

*Place of Business,* 980 Canton Ave | *Address,* No 17 Patuxent St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Alexander Latty

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 6 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 185 Hudson St

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) Anasarca

*Duration of last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. E. Church Cemetery

*Date of Burial,* October 11th 1880

*Undertaker,* E. J. Wilcox M. D.

Medical Attendant.

*Place of Business,* Baltimore Co. *Address,* 97 Paca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 43328

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hughes Halfpenny

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* 9 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number} # 14 S. Washington St.

*Cause of Death,* First, (Primary,) Teething.

Second, (Immediate,) Diarrhoea

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct-11/80

C. T. Bruns M. D.
Medical Attendant.

*Undertaker,* Fry & Bro

*Place of Business,* S.E. cor Broadway Address, 406 E. Balto. St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43329 #43329 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry L. Wright

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 13 *Months,* ..... *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 470 E Eager St

*Cause of Death,* First, (Primary.) Bottle Jaw

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 10 80

*Undertaker,* Fry & Byrd

*Place of Business,* 342 Broadway *Address,* 347 N. Broadway

J. J. White, M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 43330

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 9 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John Adolphus Starke

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 16 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } Washington Ave near Hoffman

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Monday Oct 11 1880

J. Shelton Hill M. D.
Medical Attendant.

*Undertaker,* W. Hickman

*Place of Business,* Goz St

*Address,* 432 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

*Permit No.* 41331

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Henry Adams

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Two *Years,* & Nine *Months,* ~~Days.~~

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 7 Shield's Alley

*Cause of Death* First, (Primary,) Scrofula & ~~Tubercular Meningitis~~

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 21 Months Eldridge C. Price

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 10 1880

*Undertaker,* John E. Jones

*Place of Business,* No 63 Park A

Eldridge C. Price M. D.
Medical Attendant.

*Address,* 262 Madison [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43332 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 10 1883 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 1st 1883

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Shatzberger Sr.

*~~Sex~~, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White -

*~~Married~~, ~~Single~~, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 28 years.

*Place of Death,* {Give street and number.} N. E. Cor. Penna. Ave & Smith St

*Cause of Death,* First, (Primary.) Senility

Second, (Immediate.)

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* September 10

H. Tabert, *M.D.,*
Medical Attendant.

*Undertaker,* Walter Emmel

*Place of Business,* 242 W. Biddle *Address,* 520 Penna. Ave.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43333

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1880
BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 9th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Sullivan,

*Sex, Male or Female,* {cross out the word not required in this line.} Male.

*Age,* 48 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married.

*Occupation,* Shoemaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* Twenty Three Years.

*Place of Death,* {Give street and number} 25 N. Arlington Ave.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Six Years.

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetry

*Date of Burial,* Oct 10

*Undertaker,* J H Cook

*Place of Business,* 707 West Baltimore

S. T. Knight, M. D.
Medical Attendant.

*Address,* 112 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimo

**Permit No.** 43334

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 9 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sophia Eliz. Davis

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 29 *Years,* 1 *Months,* — *Days.*

*Color,* white

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Ever

*Place of Death,* {Give street and number} 9 N. Amity St

*Cause of Death* {First, (Primary.) —
Second, (Immediate.) Typhoid Fever

*Duration of last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 12.

*Undertaker,* John Hennedy

*Place of Business,* 382 Colvins St

Jno C Benzinger M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No: 43335

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mealy Nelson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 12 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Colin

*Place of Death,* {Give street and number} 36 Mon Alley

*Cause of Death;* First, (Primary,) Convulsions

Second, (Immediate,) "

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 12 1880

*Undertaker,* John E Gordon

*Place of Business,* No 63 Park Ave

W W Austin M. D.
Medical Attendant.

*Address,* 192 Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} C H Stuples

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dawson Gay-St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 436 Dawson St

*Cause of Death,* First, (Primary,) ~~Do~~ Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 11th 1880

D H Hood M. D.
Medical Attendant.

*Undertaker,* J. Frank Lowe

*Place of Business,* Fremont & Balto Sts

*Address,* Corner Fremont & Balto Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43337 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ... out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 9. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Blair

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, Days.

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number.} 11 Peach Alley

*Cause of Death,* First, (Primary.) Cranitis

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 11th

*Undertaker,* Geo H. Perkins Jr & Co

*Place of Business,* 131 Hennietta St

W. C. Booze M.D.,
Medical Attendant.

*Address,* 206 Shark St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Permit No.* 43338

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur L Fritsow

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.} Male

*Age,* 4 *Years,* 9 *Months,* 29 *Days*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 2 Bloodgood Court

*Cause of Death,* {First (Primary.) Acute Cerebral Meningitis / Second (Immediate.) Exhaustion

*Duration of Last Sickness,* Eight Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 11th 1880

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga St

Saml J Bell M.D.

Medical Attendant.

*Address,* # 134 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43339 ~~43339~~ *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. OCT 1880 BALT.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Cromwell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ...

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 9 Months

*Place of Death,* {Give street and number.} 83 Parkins st

*Cause of Death,* First, (Primary.) Malarial Fever

Second, (Immediate.) Teething

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Oct 12 1880

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto.

Med'l Entelline M.D.,
Medical Attendant.

*Address,* 558 S Lemmert st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43340

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 10 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Quigley

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* –

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Dubuque Iowa

*Duration of Residence in the City of Baltimore,* Eleven years

*Place of Death,* {Give street and number.} 357 Hollins St

*Cause of Death,* First, (Primary.) Typhoid fever

Second, (Immediate.) Acute Phthisis.

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral cemetery

*Date of Burial,* Oct 12th 1880

*Undertaker,* Jas B Lee

*Place of Business,* No 707 W. Baltimore Street

M. Keyser M.D.,
Medical Attendant.

*Address,* Mr Fayette & Eutaw Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43341

OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Giffin

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line,}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 60 Mc Henry St.

*Cause of Death,* {First (Primary,) Old age

{Second (Immediate,) Pneumonia

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem. H. W. Keener M. D.

*Date of Burial,* Oct. 12th 1880 Medical Attendant.

*Undertaker,* J. B. Cook *Address* 298 W. Lombard St.

*Place of Business,* 707 W. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimor

Permit No. 43343

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice O'Brien

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Male~~ Female

*Age,* ~~Years,~~ 2 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 13. S. Fremont —

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Oct 11th 1880

*Undertaker,* J. B. Cook

*Place of Business* 707 W Baltimore

E. F. Micholand M. D.
Medical Attendant.

*Address,* 283. W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 10 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura A. Ball.

*Sex, Male or Female,* {cross out the word not required in this line.} Female.

*Age,* 44 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* Teacher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time.

*Place of Death,* {Give street and number} 190 E. Pratt St.

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Consumption

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bolte cemetery

*Date of Burial,* Oct 12 th 1889 Shaw B. Smith M. D.

Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 658 Broadway *Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 433444

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clymer Cooper

*Sex, Male* ~~Female~~, {cross out the word not required in this line.}

*Age,* Four *Years,* Eight *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 63 S. Ann St.

*Cause of Death* { First, (Primary.) Diphtheria

Second, (Immediate,) Three Days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible] Cemetery

*Date of Burial,* Oct 13th 1880

Nicholas L. Dallam M. D.
Medical Attendant.

*Undertaker,* Benny J. Mitchell

*Place of Business,* 65 S. Broadway *Address,* 217 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43345

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 10 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F Jackson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 67 *Years,* 6 *Months,* 28 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* Tailor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 194 E Monument St.

*Cause of Death* { First, (Primary.) Pericarditis
Second, (Immediate,) Dropsy

*Duration of last Sickness,* 11 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* Oct 12th/80

E Hall Pullen M. D.
Medical Attendant.

*Undertaker,* George Schilling

*Place of Business,* Ashland Square *Address,* 157 West Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 10 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Moore

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* W *Sex,* M

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Grocer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number.} NE Corner Castle & Hanover Streets

*Cause of Death,* First (Primary,) Tuberculosis

Second (Immediate.) affecting Lungs & Throat

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Oct 12th

Rich'd McSherry M. D.
Medical Attendant.

*Undertaker,* W. Clarke & Son

*Place of Business,* 64 E Baltimore Address 189 N Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

*Permit No.* 43347

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* October 9th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Emma Webster

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 31 *Years,* ——— *Months,* ——— *Days.*

*Color,* White ~~Sex,~~

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 281 Maryland Ave

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* Oct. 11th 1880

{*Undertaker,* Wm. H. Hickman

{*Place of Business,* 234 N. Gay St.

H. W. Davis M. D.
Medical Attendant.

*Address* 274 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43348 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel L. McShane

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 34 E. Fayette St

*Cause of Death,* First, (Primary.) Hydrocephalus

Second, (Immediate.) Ex Lanetus

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt Cemetery

*Date of Burial,* Oct 11th 1880

*Undertaker,* Samuel Armstrong

*Place of Business,* 34 East St

G. H. Cook M.D.,
Medical Attendant.

*Address,* Balto Md

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43349

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luke Wise

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 10 *Years,* 2 *Months,* *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 126 Lanvtagan Street

*Cause of Death,* First, (Primary.) ~~Suicide~~ by hanging himself accidentally or intentionally, unknown to any

Second, (Immediate,) Asphyxia

*Duration of last Sickness,* sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* G. Alpheus

*Date of Burial,* Oct 12th 1880

*Undertaker,* P. Kennedy

*Place of Business* 317 Mulberry

Edmund Krulka M. D.
Medical Attendant.

*Address,* Coroners Office

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 9th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Giles Coggins

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 6 *Years,* — *Months,* — *Days.* ✓

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} No. 443 Saratoga Street

*Cause of Death,* First, (Primary,) —
Second, (Immediate,) Convulsions

*Duration of last Sickness,* Twenty four hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Oct 11 1880

Chas. N. Neff M. D.
Medical Attendant.

*Undertaker,* Mr Reinmuth

*Place of Business,*

*Address,* 306 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne R Wilson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* One *Years,* 3 *Months.* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 0 13

*Place of Death,* {Give street and number} 41 Elbow Lane

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Church Home Cemetery

*Date of Burial,* Oct 11 12 1880

*Undertaker,* Thos J Lewis

*Place of Business,* 73 Jefferson St

Jno L Blake *M. D.*
Medical Attendant.

*Address,* 468 Pacific

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 10 a.m. 10th October, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Johnson

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.} Male

*Age,* about 88 *Years,* ____ *Months,* ____ *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Whitewasher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Gustavus Sweden

*Duration of Residence in the City of Baltimore,* 60 Years

*Place of Death,* {Give street and number} 192 Lynn St or Saxons Alley

*Cause of Death,* First, (Primary,) Old age

Second, (Immediate,) " "

*Duration of last Sickness,* Ailing for many months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 12th 1880

*Undertaker,* Wm J Loeber

*Place of Business,* 72 Jefferson St

Wm I. Arnold M. D.
Medical Attendant.

*Address,* 236 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43333

HEALTH DEPARTMENT OCT 1880 BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Philips

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.} Female

*Age,* Seven *Years,* Three *Months,* Eleven *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pottsville Pa

*Duration of Residence in the City of Baltimore,* visitor to city

*Place of Death,* {Give street and number} W 13 N Eutaw St

*Cause of Death* {First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Oct 12th 1880

A Hartman M. D.
Medical Attendant.

*Undertaker,* Smith & Denny

*Place of Business,* 263 Light St *Address,* W 305 N Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43354 #43354 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

*Date of Death,* Oct 10th 18

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary J Lyburger

*Sex,* ~~Male~~ *or Female,* { Cross out the word not required in this line. } Female

*Age,* 53 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, { Cross out the word not required in this line. } Married

*Occupation,* Home wife

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 99 Mulliken St

*Cause of Death,* { First, (Primary.) Cancer of Uterus & Rectum / Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County Md

*Date of Burial,* Oct 12 80

*Undertaker,* Fry & Bro

*Place of Business,* 574 E Broadway *Address,* 133 N Eutaw St

Edward P Wilson M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43355

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 10/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amalia Lammes

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 61 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years.

*Place of Death,* {Give street and number} No 4 Lemmon st

*Cause of Death* { First, (Primary,) Ph thisis
Second, (Immediate,) Hemorhage

*Duration of last Sickness,* Three (3) Years.

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct. 13th 1880

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St.

H. L. Spicer M. D.
Medical Attendant.

*Address,* 387 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43356

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1880,

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Howe,

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 75 *Years,* 11 *Months,* ——— *Days.*

*Color,* *Sex,*

~~*Married, Single, Widow* or *Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Home

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Salem, New Jersey.

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give street and number.} 224 Chew St

*Cause of Death,* First (Primary,) Epithelioma Cancer of Mouth? 6 M.

Second (Immediate,) 18 Months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 12th 80

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Harriet P. Smith M. D.
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43557

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said patient, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Octr 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Sandner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 76 N Calvert St

*Cause of Death,* First (Primary,) Suppressed Scarlet Fever

Second (Immediate,) Dropsy

*Duration of Last Sickness,* 4 wks 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 12th 80

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square

L W McConnell M. D.
Medical Attendant.

*Address* 498 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STA...

**Permit No.** 43358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 10th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } H L Murray

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* { Give street and number } 207 Linden Ave

*Cause of Death,* First, (Primary,) Paralysis Agitans

Second, (Immediate,) Angina pectoris probably

*Duration of last Sickness,* sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Oct 14th 1880

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

Edmund R Walker M. D.
Medical Attendant.

*Address,* 183 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43359

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Whitney

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 5 *Months,* —— *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give street and number.} 5 1/2 Lanvale St

*Cause of Death,* First (Primary,) Marasmus

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct. 10th 1880

*Undertaker,* Stewart Thoron

*Place of Business,* Clay Street

Chisholm *M. D.*
Medical Attendant.

*Address* 57 1/2 Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 13360 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 12 1889 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 11 — 89

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lammers

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 8 *Months,* 3 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Jeweler

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} N. York

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* {Give street and number.} 876 Light st —

*Cause of Death,* First, (Primary.) Laryngeal Phthisis —

Second, (Immediate.)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Octobr 13

*Undertaker,* B. Hall

*Place of Business,* 82 West 14

W. H. Ellis M.D.,
Medical Attendant.

*Address,* 365 Light st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43361 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 10. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Boyle

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 5 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 183 West

*Cause of Death,* First, (Primary.) Scrofula

Second, (Immediate.) Scrofulous Sores + Scrofulous of Peritoneum

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* October 11

*Undertaker,* B. Hark

*Place of Business,* 82 West St.

Steven Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43362

OFFICE OF REGISTRAR OF VITAL STA[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia Robinson

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* colored

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 34 Tyson St

*Cause of Death,* {First (Primary,) Chronic peritonitis and cellulitis; Second (Immediate,) Exhaustion}

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Shiloh St. Cem

*Date of Burial,* October 12th 80

J. E. Atkinson M. D.
Medical Attendant.

*Undertaker,* Wm James Gray

*Place of Business,* #65 Mulberry St

*Address* 223 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43363

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Octo 11 = 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Flannery

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* about 40 years

*Place of Death,* {Give street and number} 189 Mount St

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,) Dysphoea

*Duration of last Sickness,* 1 1/2 4 years

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetary

*Date of Burial,* Oct 13th 1880

*Undertaker,* Wm Keaver

*Place of Business,* 202 N Eutaw

Caleb Winslow M. D.
Medical Attendant.

*Address,* 23 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 433864 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 11 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samantha Williams

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Massachusetts

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number.} 11 Cecil St.

*Cause of Death,* First, (Primary.) old age

Second, (Immediate.)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 14th 1880

*Undertaker,* Mr Mears

*Place of Business,* 202 N Eutaw St

D. G. Mellen M.D.,
Medical Attendant.

*Address,* 89 N Greene St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43365

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Gamel

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Oyster Shucker

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Continued

*Place of Death,* {Give street and number} 70 Conway St.

*Cause of Death,* First, (Primary,) Exhaustion to Sudden Changes of Temper

Second, (Immediate,) Phthisis Pulmonalis et Adema

*Duration of last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 12

*Undertaker,* Hercules Ross

*Place of Business,* 24 N Gay St

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43366

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Tyler

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 2 *Months,* ——— *Days.*

*Color,* Black *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Black

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* whole life

*Place of Death,* {Give street and number.} 331 W. Hoffman st

*Cause of Death,* First (Primary,) Malarial Fever

Second (Immediate,) Asthenia

*Duration of Last Sickness,* Two weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 11th 1880

*Undertaker,* Kemsley & Ingerson

*Place of Business,* 116. Orchard st

J. E. Gibbons M. D.
Medical Attendant.

*Address* 47 Edmondson ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 4956 / 43367 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 10 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Sneed

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* ~~ *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 112. Welcome alley

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* Oct 12 " 1880

*Undertaker,* Jacob Davis

*Place of Business,* Lee St

James A Kleinschmidt M.D.,

*Address,* Comm of Health Prosecutor

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examd. J. V. Fitzpatrick

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lawrence

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 52 yrs

*Place of Death,* {Give street and number} ~~Private~~ 13 Bennett A~

*Cause of Death* {First, (Primary,) Dropsy

{Second, (Immediate,) At 1 yr

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 12th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S. Broadway

Geo. L Kenneron M. D.
Medical Attendant.

*Address,* 73 E. Balt St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43369 Office of Registrar of Vital Statistics.

The Physician who attended any person in *a* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice V Angle. Adler Carroll

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 1/2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 180 N Wolf St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 12th 1880

*Undertaker,* J. W. Jackson

*Place of Business,* 528 W Gay

James A Steuart M.D.,

Medical Attendant.

*Address,* Commissioner of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo E Brown

Board of Health, City of Baltimore

Permit No. 43370

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

*Date of Death,* October 12. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Williams

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Years, about 1 Months, [illegible] Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Foundling

*Duration of Residence in the City of Baltimore,* Institution 11 days

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* { First, (Primary,) Spasm
Second, (Immediate,) Sudden

*Duration of last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 13th 1880

*Undertaker,* Jas Branigan

*Place of Business,*

Anthony Bruner M. D.
Medical Attendant.

*Address,* 6 E Pratt St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43371

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Schmeidt

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 2 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore city, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* { Give street and number } Warren Court

*Cause of Death,* First, (Primary,) Diphtheritic Croup

Second, (Immediate,) .....

*Duration of last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* I. O. Germans Cemetery

*Date of Burial,* Oct 13 1880

John H. McShane M. D.
Medical Attendant.

*Undertaker,* Wendelken Direct

*Place of Business,* 157 S. Bond *Address,* 212 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43372 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edna Asha Stultz

*Sex, Male or Female,* {Cross out the word not required in this line.} F

*Age,* 3 *Years,* 10 *Months,* *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Carrol Co. Md.

*Duration of Residence in the City of Baltimore,* Eight years

*Place of Death,* {Give street and number.} 581 Channel St

*Cause of Death,* First, (Primary.) Diptheria.

Second, (Immediate.) Asthmia. Fatal Syncope.

*Duration of Last Sickness,* 15 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Hampton

*Date of Burial,* Oct. 12

H Rickert M.D.,
Medical Attendant.

*Undertaker,* James H Chalmers

*Place of Business,* 34 Penn Av *Address,* 52 Penn St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Transit Permit No. 1919

# Board of Health, City of Baltimore,

Permit No. 43373

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1890 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Oct. 11th 1890

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Jackson

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 30 Years, Months, Days.

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Give years

Place of Death, {Give street and number} #38 Little Harrison St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthisis

Duration of last Sickness, Fourteen months.

All the above information should be furnished by the Physician.

Place of Burial, Stump St Cemetery

Date of Burial, Oct 12 1890

James Brown M. D.
Medical Attendant.

{Undertaker, John L. Jamison
Place of Business, 1208 Pulton

Address, #110 W. Saratoga St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 10th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Smallen

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 24 East St.

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Trismus

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Oct 12th 80

{ *Undertaker,* M. Francis
{ *Place of Business,* 280 Canton Ave

J. [illegible] M. D.
Medical Attendant.

*Address,* 24 H[illegible] St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Seikler

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 13 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 100 Hurlert St.

*Cause of Death* { First, (Primary,) / Second, (Immediate,) } Teeth & Convulsions

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Oct 13th 80

*Undertaker,* M. Thanes

*Place of Business,* 980 Pratt

Dr E. W. Janney M. D.
Medical Attendant.

*Address,* Boston & Patapsco Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL

*Permit No.* 43376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1 1909 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 12 October 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Vincent

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} North Avenue near Park Road

*Cause of Death* { First, (Primary,) debility - Infant never nursed
Second, (Immediate,) .....

*Duration of last Sickness,* from birth

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 13th 1880

Martin Brewer M. D.
Medical Attendant.

*Undertaker,* Geo Saffran

*Place of Business,* 121 Penna Ave *Address,* 68 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Permit No. 43377

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

*Date of Death,* October 11 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Klinck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* 4 *Months,* 17 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Hessen Darmstadt Prussia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 38 Walnut Alley,

*Cause of Death,* First, (Primary.) Gen. Paralysis -

Second, (Immediate.) Asthenia -

*Duration of Last Sickness,* 6 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* October 13

*Undertaker,* Walter Lommel

*Place of Business,* 252 W. Biddle

S. Knickerbocker *M.D.,*
Medical Attendant.

*Address,* 520 Penna Ave.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Baersch

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Bricklayer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 27 years in U.S.

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} City Hospital No 3235 Broadway R R Accident (P. W. & B. R.R.)

*Cause of Death,* First, (Primary.) Exhaustion

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* First Evangelical Cemetery

*Date of Burial,* 13th Oct. 1880

Edm. J. Kirwan M. D.
Medical Attendant.

*Undertaker,* Wm. Nicolaus

*Place of Business,* 258 Aliceanna St. *Address,* Home

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43374 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Laughlin

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 66 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland Maryland

*Duration of Residence in the City of Baltimore,* 66 Years.

*Place of Death,* {Give street and number.} No 353 N. Central Ave,

*Cause of Death,* First, (Primary.) Expansion in M. Sternum

Second, (Immediate.) Phthisis Pulmonalis

*Duration of Last Sickness,* Has been complaining since 1864 Confined to House 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* October 13 1880

Wm H Norris M.D.,
Medical Attendant.

*Undertaker,* Henry Heck

*Place of Business,* 294 N Eutaw St *Address,* 294 N Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 43380 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 11th Oct 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wagner

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 197 Hamburg St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Debility

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 13. 80

Geo. L. Brewer M. D.
Medical Attendant.

*Undertaker,* Philip J. Dill

*Place of Business,* 183 Columbia *Address,* 258 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43381 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Naumann

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Yrs (1) *Years* —— *Months,* —— *Days.*

*Color,* Colith

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 504 N. Gay Street

*Cause of Death,* First, (Primary.) Gastro Intestinal Catarrh

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial,* Christ's Lutheran Cemetery

*Date of Burial,* Oct. 13th 1880

*Undertaker,* Lunger

*Place of Business,* East St., *Address,* E. Cager Hartsville

Geo Blum M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 12 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Crone

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 22 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 164 Evans Alley

*Cause of Death,* First, (Primary,) Nervous Prostration

Second, (Immediate,) Anaemia

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 14th 1880

J. J. Gosh M. D.
Medical Attendant.

*Undertaker,* Thomas L Hughes

*Place of Business,* 60 E Baltimore St 238 Madison Ave 201 Penna Ave

*Address,* 137 Orleans St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43383

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or her, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Mary Deffler

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} October 12. 1880.

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 37 Years, Months, 7 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} unmarried

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and number} St Vincents Infant asylum

Cause of Death { First, (Primary,) Parturition - Placenta praevia, weak
Second, (Immediate,) breech Presentation - effects of Hemorrhage

Duration of last Sickness, death 2 days after confinement

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, Oct 13 1880

Undertaker, Geo Lafferman

Place of Business, 131 Pennsylvania Ave

Signed Marbury Brewer M. D.
Medical Attendant.

Address, 68 N Eutaw Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 4 3 8 8 4 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 12th October.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Oscar Perkinson.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Forty Two (42) *Years,* *Months,* *Days.*

*Color,* White.

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Broker.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia.

*Duration of Residence in the City of Baltimore,* about Ten Years.

*Place of Death,* {Give street and number.} No. 225. Hoffman St.

*Cause of Death,* First, (Primary.) Tubercular vein. Miliary tuberculosis through lungs & heart

Second, (Immediate.) Sudden death. Disease of Semi-lunar Valves

*Duration of Last Sickness,* About 3 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Petersburg Va

*Date of Burial,* Oct 14th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 & 6 Druid Hill Ave

W. Cuan Bibbs M.D.,
Medical Attendant.

*Address,* 47 Franklin St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans 1920

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 P 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Menechine

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No. 25. Park St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate,) — Croup

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem.

*Date of Burial,* Oct 13th

*Undertaker,* Henry Saunders

*Place of Business,* 252 Lombard St

Thomas R Evans M. D.
Medical Attendant.

*Address,* W Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Permit No. 43386 #43386 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 12/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phoebe Earnest

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Single~~

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 134 Castle alley

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.)

*Duration of Last Sickness,* 1 wk

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelic Cem.

*Date of Burial,* Oct 13th

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton ave *Address,* 117 S. Broadway

R. W. Mansfield M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 4338

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct - 12 - 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Brown

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 10 *Months,* 29 *Days.*

*Color,* W

*~~Married, Single,~~ Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* 21 yrs.

*Place of Death,* {Give street and number.} 314 Light st

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Oct. 14th 1880

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Bus[illegible] *Address,* 315 Light st

[illegible] M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. #43388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Hartel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ... *Years,* 20 *Months,* ... *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ...

*Occupation,* ...

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Annity Street

*Duration of Residence in the City of Baltimore,* 20 months

*Place of Death,* {Give street and number.} 140 Aisquith St

*Cause of Death,* {First (Primary,) Consumption / Second (Immediate,)}

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Oct 13 1880

*Undertaker,* D M Chase

*Place of Business,* 198 Saratoga st

Chas. W. Fiske M. D.
Medical Attendant.

*Address* 166 W. Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. ~~43389~~ 43389 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* October 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Berry

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.} Male

*Age,* ——— ~~*Years*~~, ——— ~~*Months*~~, 7 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 15 W Lombard St

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number.} 15 W. Lombard St

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.) ~~10 hours~~

*Duration of Last Sickness,* 10 hours

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Oct. 14th 1880

*Undertaker,* Leonard Kurtz

*Place of Business,* 274 E Baltimore

James A Allen M.D.,
Residence—No. [illegible]

*Address,* Comm of Health
Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

B L Agr. Santos Pres

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43390

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 12th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie M. James

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* Sixteen *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 76 Warner St.

*Cause of Death,* First, (Primary.) ____

Second, (Immediate.) Spasms

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Hill Cemetery

*Date of Burial,* Oct 13 80

*Undertaker,* Appolony & Degen

*Place of Business,* No 2 E Lexington

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 221 Barre St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07M.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43391.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

Date of Death, Oct 11. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. A Norris

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 8 Years, 2 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 344 East Aren.

Cause of Death, First, (Primary.) Acute Peritonitis

Second, (Immediate,)

Duration of last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Oct 13th

Undertaker, H. Frochlich

Place of Business, 244 Eastern Av

A. Winslow Arnold M. D.
Medical Attendant.

Address,

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 2 4 3 9 2 #43392 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct. 12" 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harmus

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* 27 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 110 Thames St.

*Cause of Death,* First, (Primary.) Scarlatina Anginosa

Second, (Immediate.)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 14th

*Undertaker,* H. Fockler

*Place of Business,* 214 Eastern Av

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43393

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Corrie,

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Thirteen 45 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Charles Co.

*Duration of Residence in the City of Baltimore,* 8 Years.

*Place of Death,* {Give street and number.} 40 Lexington St.

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) Paralysis

*Duration of Last Sickness,* Nine or four Years

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* 6 Oct 1880

*Undertaker,* Joseph F Byrne

*Place of Business,* 59 N Eutaw *Address* 71 Franklin St.

J. H. McShane M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 12th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter L. Hartline

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} No. 16 Fountain St

*Cause of Death* { First, (Primary,) Convulsions
Second, (Immediate,)

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* October 13. 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

J. H. Galt M. D.
Medical Attendant.

*Address,* 21 Fountain St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATI

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

*Date of Death,* October 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Anna Lehmann

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* 5 *Years,* 5 *Months,* 28 *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and number} 173 E Baltimore St

*Cause of Death,* First, (Primary,) diphtheria

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lawn from Green Mount

*Date of Burial,* Oct 14th 1880

*Undertaker,* Saunders

*Place of Business,* Eutaw St

A. F. Erich M. D.
Medical Attendant.
Dr Rohe

*Address,* 94 E Baltimore

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43396

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Miller

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 108 S. Washington Street

*Cause of Death,* First, (Primary,) ....

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* October 15th

*Undertaker,* M. Hunt

*Place of Business,* 35 Bank

James J. Kane M. D.
Medical Attendant.

*Address,* 1 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43397 Office of Registrar of Vital Statistics.

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albertina Jahnstin

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* —— *Months,* —— *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 268 S. Dallas St

*Cause of Death,* First, (Primary.) ——

Second, (Immediate.) Diphtheria

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Oct 14th 1880

*Undertaker,* Wendel & Spuhl

*Place of Business,* ——

James A Steuart M.D.,

~~Medical Attendant.~~

*Address,* Comm of Stat Ste & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Steel Sheek

*Sex, ~~Male~~ or Female,* {Cross out the words not required in this line.}

*Age,* abt 80 *Years,* — *Months,* *Days*

*Color,* Ww

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* abt 18 Years

*Place of Death,* {Give street and number.} 50 Essex Street

*Cause of Death,* {First (Primary,) Heart Disease / Second (Immediate,) Sudden Death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* 14 October 1880

*Undertaker,* John C. Steck

*Place of Business,* 165 Aisquith

Chas. Moore M.D.
Medical Attendant.

Coroner E. D.

*Address,* 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 13: 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bell Collier

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 4 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ×××

*Occupation,* ×××

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Queens Ann Co. Md

*Duration of Residence in the City of Baltimore,* Six Weeks

*Place of Death,* {Give street and number} 169 S. Ives

*Cause of Death* { First, (Primary,) Scarlatina Maligna
Second, (Immediate,) .....

*Duration of last Sickness,* Six Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cimetry

*Date of Burial,* Friday 15 Oct

{ *Undertaker,* Thos Hughes
*Place of Business,* Exeter Baltimore

James E Donnelly M. D.
Medical Attendant.

*Address,* 29 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 43400

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Sweeney

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 22 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Hammer Labourer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Seven Months

*Place of Death,* {Give street and number} 136 Lee St

*Cause of Death,* First, (Primary.) Bilious Typhoid

Second, (Immediate,) ____

*Duration of last Sickness,* About six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's Cemetery

*Date of Burial,* Oct 15th 1880

*Undertaker,* James F Layne

*Place of Business,* No 63 N Front St

D M Cathell M. D.
Medical Attendant.

*Address,* 2 W Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 43401

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 14th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Jones (Queen's)

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 4 *Years,* 9 *Months,* [illegible] *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 1611 E. Chester St.

*Cause of Death* { First, (Primary,) Croup
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemtry

*Date of Burial,* 15 Octr 1880

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Anne St. *Address,* 244

[illegible] *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43402

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Bedran

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 7 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~~Child~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 13 Hudson al

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) "

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Oct 7th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 231 N Eutaw St

R B Browne M. D.
Medical Attendant.

*Address,* 307 Madison Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...h within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...orth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...eased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...LANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 433403 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 13. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie V. Gibbs

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 39 Peach Alley

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 15

*Undertaker,* H. Goss

*Place of Business,* 24 Saratoga St

W. S. Booze *M.D.,*
Medical Attendant.

*Address,* 206 Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Cole

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Wood Sawyer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} Smith Bond Lane Hoffman St

*Cause of Death* First, (Primary,) Wind Injury Nail in Foot

Second, (Immediate,) Tetanus

*Duration of last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Forest Cemetery

*Date of Burial,* Oct 14th 1880

*Undertaker,* Thos J Locke

*Place of Business,* 75 Jefferson

J Sewell Martenet M. D.
Medical Attendant.

*Address,* Bel Air Armory Washington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13405

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 12th 1889.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lucindo Smith

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 29 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Hack Driver

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto. Md.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 134 N. Durham St.

*Cause of Death* { First, (Primary,) Billious Pleurasy
Second, (Immediate,) Premitur Labor.

*Duration of last Sickness,* 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetry

*Date of Burial,* Oct 14th 1889.

*Undertaker,* G. F. Sacks

*Place of Business,* 73 Fifteen St

Francis A Lewis M. D.
Medical Attendant,

*Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43406 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ware

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 46 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single,~~ Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number.} 22 S. Wolfe

*Cause of Death,* First, (Primary.) Phthisis pulmonalis

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ch.

*Date of Burial,* Oct. 15

*Undertaker,* W. Diffenderffer

*Place of Business,* S. Bond St. 151

*Address,* 241 S. Broadway

T. Hessian M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 13th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hanson

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Sixty Seven *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Sixty Seven Years

*Place of Death,* {Give street and number} 189 E. Fayette St

*Cause of Death* { First, (Primary,) Inflammation of the bowels
Second, (Immediate,)

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 13 1880

*Undertaker,* Fry & Bro

*Place of Business,* 574 Broadway

Nicholas L Dashiell M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1898 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1898

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter A. Walker

*Sex, Male or Female,* { cross out the word not required in this line. } Male.

*Age,* 73 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Lancashire, England.

*Duration of Residence in the City of Baltimore,* 71 years.

*Place of Death,* { Give street and number } 421 Franklin St.

*Cause of Death,* First, (Primary.) Valvular disease of Heart

Second, (Immediate,) Ascites

*Duration of last Sickness,* About 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cem.

*Date of Burial,* Oct 15

*Undertaker,* Joseph B Cook

*Place of Business,* 707 W Balto St

J. H. Sexton M. D.
Medical Attendant.

*Address,* 543 Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 43409

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Oct. 12th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Miller

Sex, Male or Female, {cross out the word not required in this line.} Male.

Age, 38 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Brush-Maker

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give street and number} 42 Stockton

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Oct. 13

Undertaker, Walter Smith

Place of Business, 262 N. Bridge

G. W. Jones M. D.
Dr. Spanow "
Medical Attendant.
Address, Wilson

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 40410 #43410

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 13, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Roger Woodlands

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* Col

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Lawyer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} St. Mary Co. Md

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number.} 43 Hoffman St

*Cause of Death,* First (Primary,) Pthisis Pulmonalis

Second (Immediate,) Chronic Bronchitis

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct. 15. 80

*Undertaker,* John L. Joncen

*Place of Business,* 62. Park Ave

I last saw this patient for some time before death 13 Oct. 1880

M. D.

Medical Attendant.

*Address* 43 Hoffman St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 13th 80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose May Flint

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 5 minutes ~~Days.~~

*Color,* Colored Race

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 4½ Jessup St.

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Premature Delivery Seven and a half Months (7½)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Pine Grove Cemetery

*Date of Burial,* Oct 14, 1880

Louis Dr. Knight M. D.
Medical Attendant.

*Undertaker,* John L. Emerson

*Place of Business,* No 98 Saratoga

*Address,* 112 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. # 43412 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 14 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Winters

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number.} 20 Winter St

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Cemetery

*Date of Burial,* October 15

{ *Undertaker,* J. Ross

{ *Place of Business,*

W. S. Bozu *M.D.,*
Medical Attendant.

*Address,* 206 S. Market St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43418 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Buckley

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 62 S. Central avenue

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent's Cemetery

*Date of Burial,* Oct 15th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 46 N. Gay St *Address,* N.E. Cor Monument & Calvert

Geo. [illegible] M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43414

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 13/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Meyers

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} .....

*Age,* 3 *Years,* 5 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 143 S. Register st.

*Cause of Death,* First, (Primary.) Scarlatinal Dropsy

Second, (Immediate.)

*Duration of Last Sickness,* 3 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 15th

*Undertaker,* H. Froehlich

*Place of Business,* 244 Eastern Av

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Catharine Beck

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross ont the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 106, N. Exeter St.

*Cause of Death* { First, (Primary.) Chronic Gout
Second, (Immediate,) Cancer of Stomach

*Duration of last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 16

*Undertaker,* J. H. Means & Co

*Place of Business,* W. Fayette St

Wm. L. Russell M. D.
Medical Attendant.

*Address,* Broadway & Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

43416 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 15, 1880 BALTIMORE.

# CERTIFICATE OF DEATH

*Date of Death,* Oct 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Howell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 20 Randall St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Tuberculan Meningitis

*Duration of Last Sickness,* 10 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Leeden Hill

*Date of Burial,* Oct 14th

*Undertaker,* B. Harle

*Place of Business,* 82 West Street

Thornton Ellis M.D.,
Medical Attendant.

*Address,* 416 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43417

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

*Date of Death,* October 14th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Shipley

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 5 2 *Years,* 9 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ✓

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } No 8 north Fremont

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Cancer of Bowel

*Duration of last Sickness,* about 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 16. 1880

*Undertaker,* J. B Bloch

*Place of Business,* 707 Balt st

D. P. Hoffman M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ame, date of death, and cause of disease on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43418

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 10. 13. 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Bacon

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* *Days.*

*Color,* Blk

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 26 mnths

*Place of Death,* {Give street and number} 8 Rose Walk al

*Cause of Death,* First, (Primary.) Pneumonia Intercular Peritonitis

Second, (Immediate.) Consumption

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager Cemetery

*Date of Burial,* October 16th 1880

*Undertaker,* Graham Wayman

*Place of Business,* 13 Saratoga St.

L M Eastman M. D.
Medical Attendant.

*Address,* 349 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43419

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Gottbehuet.

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Musician

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* ~~244 S. Dallas St.~~ Nine years.

*Place of Death,* { Give street and number } ~~#244 S. Dallas St.~~

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Phthisis pulmonalis

*Duration of last Sickness,* Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cem

*Date of Burial,* Oct 16th

A. H. Enich M. D.
Medical Attendant.

*Undertaker,* Henry Lander

*Place of Business,* 252 Canton Av *Address,* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43470

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 14 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Vogel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number.} 688 W Pratt

*Cause of Death,* First, (Primary.) Croup

Second, (Immediate.)

*Duration of Last Sickness,* 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 15th 1880

*Undertaker,* H. H. Leonard & Son

*Place of Business,* 782 W Baltimore

Sam'l Entelino M.D.,
Medical Attendant.

*Address,* 598 W Lombard

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 14 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Eliz. Dixon

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 48 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 206 Conway St

*Cause of Death* {First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

*Duration of last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Oct 17th 1890

Jas Benzinger M. D.
Medical Attendant.

*Undertaker,* Mackey Johns &

*Place of Business,* Pacca

*Address,* Cor Broadway & Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 24 3422 #4342 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 13 / 880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Gourg

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* Black.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 6 Bruce St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Suffocation

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Thorpe's Cemetery

*Date of Burial,* Oct 15 1880

*Undertaker,* Wilson Monroe

*Place of Business,* No 62 East Street

L. D. Wilson M.D.,
Medical Attendant.

*Address,* 387 N. Fayette

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 13 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Reed

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.} —

*Age,* — *Years,* — *Months,* 4 — *Days*

*Color,* b

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} 63 S. Wallas St Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} No 63 S. Wallas St

*Cause of Death,* First (Primary,) Umbilical Hemorrhage

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* Abt 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* E. P. Cemetery

*Date of Burial,* October 15

{*Undertaker,* Patrick Mullin

*Place of Business,*

Chas M. Morfit M.D.

Corner E & O Medical Attendant.

*Address,* 67 W Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 48424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Phelan

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ~~1 or~~ Nine *Years,* ~~1~~ *Months,* Fourteen *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 184 Division St.

*Cause of Death* First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Three days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Oct 16th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Silas Baldwin M. D.
Medical Attendant.

*Address,* 152 Townsend St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4325

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 14/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Ballard

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 10 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* 10 Years.

*Place of Death,* {Give street and number} 92 Parkin St.

*Cause of Death* {First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* 14 Days.

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore cemetery

*Date of Burial,* Oct 16 1880

*Undertaker,* Jas B Carter

*Place of Business,* 1067 W Baltimore street *Address,* 387 W. Lombard St.

H. L. Green *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 43126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 16 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Mitchell

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 30 ~~40~~ *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation;* Salesman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* about 10 yrs

*Place of Death,* {Give street and number} 16 N. Eutaw St

*Cause of Death* {First, (Primary,) Dr Typhoid Fever

{Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Westfield N. J.

*Date of Burial,* Oct. 16th. 1880

{*Undertaker,* Andrews & Hodges

{*Place of Business,* 406 Druid Hill Ave.

Dr. E. Clagett M. D.
Medical Attendant.

*Address,* 18 S. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43427

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Charles Dofft

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 5 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 82 Granby St

*Duration of Residence in the City of Baltimore,* 3 days

*Place of Death,* {Give street and number} 82 Granby St

*Cause of Death* {First, (Primary.) Marasmus

Second, (Immediate,) During Life

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* October 15, 1880

*Undertaker,* Henry Hagth

*Place of Business,* 309 Central Ave

A Geo W Shetzer M. D.
Medical Attendant.

*Address,* 11 S. Wolfe St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 12, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mulvey

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 67 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 63 Years

*Place of Death,* {Give street and number} No. 201 Henderson St, Canton.

*Cause of Death* {First, (Primary,) Pneumonia

{Second, (Immediate,)

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Oct. 15, 1880

{*Undertaker,* M. A. Dwyer

{*Place of Business,* 74 S. Broadway.

J. Gould M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43.425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ann Miller

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Caroline Co Md

*Duration of Residence in the City of Baltimore,* 11 Years

*Place of Death,* {Give street and number} 188 E Av.

*Cause of Death* { First, (Primary,) Consumption
Second, (Immediate,)

*Duration of last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* Oct. 16th

*Undertaker,* H. Diffel

*Place of Business,* S. Bond st 151

E J Way M. D.
Medical Attendant.

*Address,* 19 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 48430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Clarke

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Binghamton N. Y.

*Duration of Residence in the City of Baltimore,* 8 Yrs.

*Place of Death,* {Give street and number} 18 Anthony st

*Cause of Death* { First, (Primary,) Tuberculoso

Second, (Immediate,)

*Duration of last Sickness,* (8 m) 21 months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery.

*Date of Burial,* 16 of Oct.

*Undertaker,* Adam Fink.

*Place of Business,* 461 W. Fay St.

M. B. Billingslea M. D.
Medical Attendant.

*Address,* 256 John st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 15th 7 min to 6 A M

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Garland Keirle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 11 *Months,* 24 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 74 N. Paca St. Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 74 N. Paca St. Balto

*Cause of Death,* First (Primary,) Diphtheria, Malignant,

Second (Immediate,)

*Duration of Last Sickness,* Eleven (11) days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount F. E. Chatard jr M. D.

*Date of Burial,* Oct 16 1880 Medical Attendant.

*Undertaker,* Thos O'Neglas per N. G. Keirle M. D.

*Place of Business,* 60 E Balto St *Address* 74 N. Paca St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43432

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 15 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Wentz

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 31 *Years,* 2 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ~~Servant~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 374 N Washington St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct - 1880

G. H. Jay Jr. M. D.
Medical Attendant.

*Undertaker,* Fry & Bro

*Place of Business,* 64 N Broadway Residence, 222 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

THOS. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 15th Oct 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie L Daudel

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* ——— *Months,* ——— *Days.*

*Color,* White ~~*Sex,*~~

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Salt City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 516 Aisquith St.

*Cause of Death,* {First (Primary,) ——— Second (Immediate,) Phthisis Pulmonalis

*Duration of Last Sickness,* 1 year.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct 18th 80

*Undertaker,* Geo Schilling

*Place of Business,* 45 Holland Square

W. W. Owings *M. D.*
Medical Attendant.

*Address* 774 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 434434 — *Office of Registrar of Vital Statistics.*

The Physician who attended any pa… espons… entati… this C…
…ut, to the Undertaker or other person superintend… , within *two*… *ours* after the death of s… 12.
if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Merritt

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 497 E. Monument St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) unknown

*Duration of Last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 16th 1880

*Undertaker,* John Henry

*Place of Business,* —

James H… M.D.,

Medical …

*Address,* Comm… of Health
Office Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3434

(1")

Date of death Oct. 16-14/11 1880,
Name of deceased — Merritt
boy Female,
Age 5 Days,
Color. White,
Occupation None,
Birthplace, 427. E Monument St,
Duration of Residence in B. C. Lifetime
Place of Death, 427 E, Monument,
Cause of Death, Unknown, No P.M.
Duration of Last Sickness. 3 hrs,

J. M. Chambers M.D.
No 222 N Broadway
Balto.

* See following Certificate

HEALTH DEPARTMENT OCT. 16 1880 BALTIMORE

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43435 ~~43435~~

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 15th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Margie May Taylor

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 7 *Months,* 14 *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } No 129 North M-

*Cause of Death,* { First, (Primary,) Pertussis / Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Comfort

*Date of Burial,* October 17 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 329 N. Eutaw St. *Address,* Broadway & Madison Sts

H. L. Russell M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43436 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 16 1930 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 16th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Riley

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, six Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 70 Holliday St

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* Been ill for 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* oct 18, 1880

*Undertaker,* James Burnes

*Place of Business,* Front St

Wm Whitridge M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43437

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Friday Oct 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Tock

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 62 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ____

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* 4 Days

*Place of Death,* {Give street and number} 140 E. Madison St.

*Cause of Death,* First, (Primary.) Heart Disease

Second, (Immediate.) ____

*Duration of last Sickness,* Two Hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Orleans St Dec

*Date of Burial,* Oct 17 80

*Undertaker,* Fry & Sub

*Place of Business,* 542 Broadway

Wilmer Burton M. D.
Medical Attendant.

*Address,* 25 E. Pleasant St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans 1922

Permit No. 43438

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Eliz Young

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* —— *Years,* 2 *Months,* —— *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 191 Eastern Ave

*Cause of Death,* First, (Primary.) Mal Nutrition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* one hour

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St. Cem

*Date of Burial,* Oct 17 1880

*Undertaker,* John W. Locke

*Place of Business,* N. Wolfe St

Jno A Steiner M.D.,

Medical Attendant.

*Address,* Comm of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd. Geo E. Taylor

# Board of Health, City of Baltimore,

Permit No. 43439

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE.

*Date of Death,* October 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Shuhman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 27 *Years,* 7 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 258 Dallas St.

*Cause of Death* { First, (Primary,) Consemption
, { Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetry

*Date of Burial,* 17 October

E. B. Fenby M. D.
Medical Attendant.

{ *Undertaker,* Adam Fisk
{ *Place of Business,* 461 N. Gay St. *Address,* 319 N. Central Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 434440 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

*Date of Death,* October 16th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta L. Mutard

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* Forty *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* From birth

*Place of Death,* {Give street and number.} # 34 S. Pamela St

*Cause of Death,* First, (Primary.) Cancer Breast.

Second, (Immediate.)

*Duration of Last Sickness,* About one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 17th 1880

J. H. Smith M.D.,
Medical Attendant.

*Undertaker,* S. H. Leonard & Son

*Place of Business,* 82 W. Baltimore *Address,* # 584 W. Fayette St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43441 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

*Date of Death,* October 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Berry

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* 6 *Months,* 18 *Days*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Kent Co. Md.

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give street and number.} 15-7 William St.

*Cause of Death,* First, (Primary.) Congestion of Lungs

Second, (Immediate.)

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bedenhill Cemetery

*Date of Burial,* Oct 17 80

*Undertaker,* Andrew L Dorsey

*Place of Business,* 1262 Pratt

R. J. N. Hall M.D.,
Medical Attendant.

*Address,* 152 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43442 *43442 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Standeater

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 11. Whaleoat st

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial* New Cathedral

*Date of Burial,* Oct 16th 1880

*Undertaker,* I. B. Cooke

*Place of Business,* ———

Thos A Shearer M.D.,

Medical Examiner

*Address,* Comm of Health & Registration

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by. Geo. E. Boyd

Permit No. 43443 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 15. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} mother annie Brown father do not know

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 0 *Months,* 6 *Days.*

*Color,* blood

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* 6 days

*Place of Death,* {Give street and number.} 4 Jenkins alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) convulsions

*Duration of Last Sickness,* 6 days: all its life.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* october the 9 1880

*Undertaker,* David Stafford

*Place of Business,* Landenslagnow

G Lane Taneyhill M.D.,

Medical Attendant.

I was called in to see this child die: I knew nothing of it.

*Address,* No. 129 W Biddle

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fred. Kosthals

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 10 years about

*Place of Death,* {Give street and number} 78 Leadenhall St.

*Cause of Death,* First, (Primary,) consumption of lungs

Second, (Immediate,)

*Duration of last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Oct 16 1880

*Undertaker,* S. F. Krause

*Place of Business,*

F. Albers M. D.
Medical Attendant.

*Address,* 95 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43445

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Wallace.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* 5 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* 2. y. 8 m. 5 d.

*Place of Death,* {Give street and number.} 21 Cook St.

*Cause of Death,* First, (Primary.) Diphtheria.

Second, (Immediate.) Diphtheritic Croup, (Laryngitis.)

*Duration of Last Sickness,* days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* October 17

*Undertaker,* Walter Immel

*Place of Business,* 252 Biddle St *Address,* 52 Penna. Ave.

M. Richter, M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

[illegible] of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43446

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

*Date of Death,* Oct. 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Ebel

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa.

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} 28 South Street

*Cause of Death,* First (Primary,) ....

Second (Immediate,) Scarlet fever

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 17

*Undertaker,* Henry Brice

*Place of Business,* Henrietta & 81

H. W. Hebner *M. D.*
Medical Attendant.

*Address* 298 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43447

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Mary Ford (Parents

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 6 *Days.*

*Color,* ~~White~~ Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 13 Hagers court

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Cemetery

*Date of Burial,* Oct 16 1880

*Undertaker,* P. Mullin

*Place of Business,* 2 Park ave

Thos A Elmes M.D.,

*Address,* Comm of Health & Registrar

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by J. P. Smith Sr. M.D.

...Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/3448

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmund Allen Jarvis

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 22 *Years,* 2 *Months,* *Days.*

*Color,* W *Sex,* M

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Student

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Fortress Monroe, Virginia

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 31 W Eager Street

*Cause of Death,* { First (Primary,) Typhoid Fever
Second (Immediate,)

*Duration of Last Sickness,* Four Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 17th Oct. 1880

Richard McSherry M. D.
Medical Attendant.

{ *Undertaker,* H W Jenkins & Son
{ *Place of Business,* 16 Light St. *Address* 189 N Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Tyson

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* Eighty five *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md upwards of 60 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 211 N Eutaw St

*Cause of Death* First, (Primary,) Hypertrophy & Valvular disease

Second, (Immediate,) Cardiac failure

*Duration of last Sickness,* only a few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 18th 1880

*Undertaker,* Wm Weaver

*Place of Business,* 202 N Eutaw

Elias C Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43450

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Frank

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 225 Alicesanna St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Oct 17th 1880

*Undertaker,* Leonh'd Kurz

*Place of Business,* 277 S. Bond St

James A Steuart M.D.,
Medical Attendant

*Address,* Comm'rs of Health Philadelphia

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by Geo E. Taylor. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 43457

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1900 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 15th 1900

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hedwig Gross

~~*Sex,*~~ *Male or* ~~*Female,*~~ {cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number} 300 Monadnock

*Cause of Death* First, (Primary.) Pertussis

Second, (Immediate.) Pneumonia

*Duration of last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 17.

R. M. Hall *M. D.*
Medical Attendant.

*Undertaker,* Hercules Ross

*Place of Business,* Edonnay *Address,* 262 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

*Health Department, City of Baltimore,*

*Permit No.* 43452 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE.

*Date of Death,* October 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ruff

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* *Years,* *Months,* 15 *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* non

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City No 120 Cedar Alley

*Duration of Residence in the City of Baltimore,* 6 Weeks

*Place of Death,* {Give street and number.} No 120 Cedar Alley

*Cause of Death,* First (Primary,) Fits

Second (Immediate,) Phasmii

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 14

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St

J. Wilcox M. D.

Medical Attendant.

*Address,* No 36 Davis St Baltimore Md

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Bureau of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14345 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Octo. 15th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Harvey Cobray

~~Sex~~, *Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 weeks *Months,* ..... *Days.*

*Color,* Colored *Sex,* .....

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} No 13 Hamilton Street

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} No 13 Hamilton Street.

*Cause of Death,* First (Primary,) Inanition

Second (Immediate,) .....

*Duration of Last Sickness,* From birth —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery *M. D.*

*Date of Burial,* 16th 1880 Medical Attendant.

*Undertaker,* Charles A Witt *Address* No 16 N Liberty St.

*Place of Business,* 86 Granby St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

FILM

Permit No. 43454 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 16/80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie E Curran

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* *Years,* 4 *Months* *Days.*

*Color,*

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. }

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Congestion of the Brain

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 17 1880

*Undertaker,* James S Byrne

*Place of Business,* 1063 N Front St

Edward H Chadwick M.D.,
Medical Attendant.

*Address,* 183 N Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY F

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43455

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Foard

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 27 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 93 Mulliken St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Consumption

*Duration of last Sickness,* One Year.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Oct 17th 1880

*Undertaker,* James M Byrne

*Place of Business,* No 63 N Front St

J. J. Gaul M. D.
Medical Attendant.

*Address,* 137 Orleans St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43456

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 12 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 16 / 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Chapman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 7 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 552 W Lombard St

*Cause of Death,* First, (Primary.) Trismus nascentium

Second, (Immediate.) " "

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial,* Oct 17 1880

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Baltimore St

W. H. Keyser M.D.,
Medical Attendant.

*Address,* 101 W Lafayette Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 46487

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Beel

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ~~0 Years~~ *Years,* Eleven *Months,* 24 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 109 S. Poppleton st

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.) Meningitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Cemetery

*Date of Burial,* Oct 17

*Undertaker,* H B Cook

*Place of Business,* 717 W Pratt Baltimore *Address,* 564 W Fayette st

[signature] M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43458 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 17 1900 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chr Colwell

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* 206 E Chase St

*Place of Death,* {Give street and number.}

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) since birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted] Cemetery

*Date of Burial,* Oct 18

*Undertaker,* Mr Fischmore

*Place of Business,* Central ave *Address,*

Wm Whitridge M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45459

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1880 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza V Knight

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 70 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 112 N Greene St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Cem

*Date of Burial,* Oct 17th 1880

J. J. Knight M. D.
Medical Attendant.

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N Fremont *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43460

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 15/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Elsey

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 46 *Years,* ~~9~~ ~~11~~ *Months,* ..... *Days.*

*Color,* Light Brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laundress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Somerset County Maryland

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give street and number} 189 West Street

*Cause of Death,* First, (Primary,) Hereditary Phthysis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetary

*Date of Burial,* Oct 17 1880

*Undertaker,* John H. Owens

*Place of Business,* 225 E. Eutaw st

L. D. ..... M. D.
Medical Attendant.

*Address,* 146 Hill St

L. D. DEVERAUX

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43461

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 15th 1880 Landreth

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Oliver W Landreth

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 47 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clergyman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Charleston So Ca

*Duration of Residence in the City of Baltimore,* 7 mos

*Place of Death,* {Give street and number} 217 Linden Ave

*Cause of Death,* First, (Primary,) Acute yellow Atrophy of Liver suspected by myself + Dr S C Chew; Post Mortem refused

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Oxford Chester County P. A. P. W. R R

*Date of Burial,* Oct 17

Edmund R Walker M. D.
Medical Attendant.

*Undertaker,* C H Burgand

*Place of Business,* 201 E Pratt

*Address,* 183 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1924 Frank

...Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 43462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 16th 1890.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sedonia E. Young -

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 3 *Months,* 11 *Days.*

*Color,* Black -

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City -

*Duration of Residence in the City of Baltimore,* 3 mos 11 days -

*Place of Death,* {Give street and number} # 104 Cider Alley -

*Cause of Death,* First, (Primary.) Tubercular Meningitis

Second, (Immediate,) Convulsions -

*Duration of last Sickness,* 3 weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* October 17th

*Undertaker,* Geo. W. Erkine

*Place of Business,* 120 W. Pratt St.

A. G. Watts. M. D.
Medical Attendant.

*Address,* 106 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43463

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1 1900 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1900

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} O. L. Knabe

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Washington D.C

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and number} 224 Cathedral St

*Cause of Death,* First, (Primary,) Cancer ?

Second, (Immediate,) Nasal Cavity & Orbit

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* October 18 /00

J. W. Wilson M. D.
Medical Attendant.

*Undertaker,* Wm J. Tighe

*Place of Business,* 621 Eutaw St. *Address,* 1217 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43464

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 15th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly. Workes.

*Sex,* ~~*Male*~~ *Female,* {Cross out the words not required in this line.}

*Age,* 7 *Years,* *Months,* *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life. time

*Place of Death,* {Give street and number.} 37 S. Eutaw St.

*Cause of Death,* {First (Primary,) Scarlatina Leopsy.
Second (Immediate,) 5 weeks.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* M. Olivet Cemetery

*Date of Burial,* Oct 17

*Undertaker,* Amos Gross

*Place of Business,* No 463 W. Balt St

G. H. Hall M. D.
Medical Attendant.

*Address,* 426 W. Balt St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ctfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 17 BALTIMORE

Permit No. 43,465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 15th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nannie Hazlett

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 23 *Years,* — *Months,* — *Days.*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. } ✓

*Occupation,* Servant

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* In years

*Place of Death,* { Give street and number } 16 Lyon St

*Cause of Death,* { First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* Two months (?)

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 17 1880

*Undertaker,* E. McShane

*Place of Business,* 198 Broadway

Wm. H. Niles *M. D.*
Medical Attendant.

*Address,* 187 Bond St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 4R.]

OCT 17
1880
BALTIMORE

# 43466

Date of Death, Oct. 15, 1880,
Name of Deceased, Mary E. Whiting
Sex, Female,
Age 5 months,
Color, Colored.
Occupation, None
Birthplace, Balto City,
Duration of Residence in B. C., Life
Place of Death, 234 N Dukeman
Cause of Death, Int. Pneumonia
Second, Exhaustion,

Duration of last Sickness, 8 days

Dr. H. Chambers
222 N Broadway
Balto

Laurel Cemetery
October 17th 1880
Abraham Wayman
13. Saratoga Sts

Permit No. 43467

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 17 1880 BALTIMORE

*Date of Death,* Oct 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion L. Coulter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 1. Madison St

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* Oct 17th 1880

*Undertaker,* C. F. Krause

*Place of Business,*

Newton Keirle M.D.,
Medical Attendant.

*Address,* 146 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Oct. 15th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} (Helena) Tillman

Sex, ~~Male~~ Female, {cross out the word not required in this line.}

Age, — Years, 2 Months, — Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give street and number} 69 Jenkins Al.

Cause of Death { First, (Primary.) Marasmus
Second, (Immediate,) Convulsions

Duration of last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Oct 17th 1880

Undertaker, Wm James Gray

Place of Business, 68 Holliday st

Eldridge C. Price M. D.
Medical Attendant.

Address, 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians are Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 16th 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Floyd

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 8 *Years,* 6 *Months,* — *Days.*

*Color,* Bright

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Musician

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 16 Bernhard alley

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* Eight Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 17th 1881

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry

J J Smith *M. D.*
Medical Attendant.

*Address,* 260 E Eutaw St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUTLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 43470 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 17 1 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 16 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Harrison

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 182 Canton avenue

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 12 months or more

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's Cem.

*Date of Burial,* Oct. 17th

*Undertaker,* W. Diffel

*Place of Business,* 1 Bond st. 151

Geo. Lynch M.D.,
Medical Attendant.

*Address,* Cor Calvert & Monument

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 43471

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 15th Oct. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary D. Watts.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* 3 *Months,* *Days.*

*Color,* White ~~Sex,~~

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} S. E. Corner Townsend & Calvert Sts.

*Cause of Death,* First (Primary,) Bright's Disease

Second (Immediate,) Uraemic poisoning

*Duration of Last Sickness,* 1 year.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Oct 17th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 245 N. Gay St

H. W. Ewing M. D.
Medical Attendant.

*Address* 714 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Desque Adams Britton

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* ~ *Years,* ~ *Months,* 9 Hours *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

*Duration of Residence in the City of Baltimore,* 9 Hours

*Place of Death,* {Give street and number.} In 229 W. Lombard St

*Cause of Death,* {First (Primary,) ~ Second (Immediate,) Premature Birth

*Duration of Last Sickness,* ~

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon PK Cem.

*Date of Burial,* Oct 17 or 18

*Undertaker,* L. O. Sahm

*Place of Business,* 221 N Eden St

Penbrook W. Hemler M.D.
Medical Attendant.

*Address,* In 205 N. Lemmon St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 43473 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16: 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Friesner

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 205 S. Fremont Av.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlet Fever

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 17th

*Undertaker,* Henry Brielle

*Place of Business,* Henrietta St 81

R. J. N. Tall M.D.,
Medical Attendant.

*Address,* 15-28 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 48474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley A. Kern

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* —— *Years,* 11 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number} No 129 S. Fremont st

*Cause of Death* {First, (Primary,) Dentition

{Second, (Immediate,) Meningitis

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Alphanous Cemetery

*Date of Burial,* October 17 80

*Undertaker,* Philipp F. Dill

*Place of Business,* 183 Columbia Av.

O. A. Buddenbohm M. D.
Medical Attendant.

*Address,* 166 S. Paca st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43475

State of Maryland, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 15th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Sarah Booth

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* —— *Years,* —— *Months,* 1 *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } Carlton St No 5 1/2

*Cause of Death,* { First, (Primary.) Asthenia

Second, (Immediate.) "

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* W B Pat Cemetery

*Date of Burial,* Oct 17th 1880

*Undertaker,* F. A. Kirchner

*Place of Business,*

Edmund A Lewis M.D.,
Medical Attendant.

*Address,* Creighton

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 43476

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 43476

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Crowley

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* W 60 *Years,* *Months,* *Days.*

*Color,* Mild

*Married, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and number} 72 Payson Street

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 18 1880

*Undertaker,* Mathias Cadogan

*Place of Business,* 227 Mulberry St.

Chas Holliday M. D.
Medical Attendant.

*Address,* Carroll P. O.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Owen Norris

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 1y *Years,* 6 *Months,* — *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* Dring life

*Place of Death,* {Give street and number.} 419 E. Chase St

*Cause of Death,* First (Primary,) Tubercular Meningitis & Convulsions

Second (Immediate,) ~~Asthenia~~ Coma

*Duration of Last Sickness,* about two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 18/80

*Undertaker,* Fry & Bro

*Place of Business,* 634 N Broadway

Chas. Morfit M.D.
Medical Attendant.

*Address,* 67 E Balto Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 434478

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bright Doyle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5-3 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 13 Yrs.

*Place of Death,* {Give street and number.} 81 Cross st.

*Cause of Death,* First, (Primary.) Malonial toxemia

Second, (Immediate.) Nervous Prostration

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* October 18

*Undertaker,* B. Hirle

*Place of Business,* 82 West St.

R. H. Ellis *M.D.,*
Medical Attendant.

*Address,* 365 Light

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 43479

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Leahy

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Oct 18th

*Undertaker,* Henry Sander

*Place of Business,* 232 Canton Av.

Chas J. Slater M.D.,
Medical Attendant.

*Address,* 188 W Calvert St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 43480

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie H. Anderson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 7 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No. 402 S. Christian St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cem.

*Date of Burial,* Oct 18th

*Undertaker,* Henry Lander

*Place of Business,* 252 Lanvale St.

J. J. Abell M. D.
Medical Attendant.

*Address,* 211 W. Lanvale St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 16, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary E. Paul

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 88 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 61 years

*Place of Death,* {Give street and number} 375 W. Fayette Street

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Senile decay

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 18th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 416 Druid Hill Ave

Maitney Bowen M. D.
Medical Attendant.

*Address,* 68 McCulloh St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 43482

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis L Taylor

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 5 *Months,* 7 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Huckster

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 619 Pratt st

*Cause of Death,* First, (Primary.) Bright's Disease of Kidneys

Second, (Immediate.)

*Duration of Last Sickness,* 8 month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Oct 18th 1880

*Undertaker,* Wm B Cook

*Place of Business,* No 707 W Baltimore street

James Bowley M.D.,
Medical Attendant.

*Address,* 319 Stollin st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Zalechiah Hackett

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* Engineer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 20 ( Conway St

*Cause of Death* {First, (Primary,) Paralysis of Brain

{Second, (Immediate,)

*Duration of last Sickness,* Twelve (12) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Oct 19

*Undertaker,* Frank Block

*Place of Business,* Forrest Place

H. L. Green M. D.
Medical Attendant.

*Address,* 389 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 43484 11 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 14 - 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Irwin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* W

*Married, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} D.C.

*Duration of Residence in the City of Baltimore,* 14 mos

*Place of Death,* {Give street and number.} 39 York St

*Cause of Death,* First, (Primary.) Pertussis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimor Cemetry

*Date of Burial,* Oct 19th

*Undertaker,* B. Harle

*Place of Business,* 82 West st. *Address,* 215 Light

H. P. Elles M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 43485

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 43485

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birtha Brooks.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 7 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} +

*Occupation,* +

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 169 S. Chapstank St. near Canton Ave,

*Cause of Death,* First, (Primary.) ———

Second, (Immediate,) Diphtheria.

*Duration of last Sickness,* one week.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* October 18th 1880

*Undertaker,* H. M. Gibbons

*Place of Business,* No 344 Canton ave

A. V. Gouvrider. *M. D.*
Medical Attendant.

*Address,* 144 S. Ann St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 4/3486 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Haigh

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 271 Argyle Ave

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Oct 19

*Undertaker,* J Hough

*Place of Business,* 319 Penna Ave *Address,*

Dr G Hauck *M.D.,*

Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43487

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

*Date of Death,* October 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Kenz

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 66 *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* {Give street and number} 80 S. Regester Street

*Cause of Death* { First, (Primary,) Heart disease
Second, (Immediate,) .....

*Duration of last Sickness,* Suffering more or less for six Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cmetry

*Date of Burial,* Oct 19th 1880 9 a.m

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St

Amed E Dwinelle M. D.
Medical Attendant.

*Address,* 299 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 15400

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 16th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John P. Rousselot

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 73 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Varnisher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 46 Years

*Place of Death,* {Give street and number} 121 S. Caroline St.

*Cause of Death,* First, (Primary.) Chronic Bronchitis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* Three months.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct 19th 1880 2 P.M.

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank

A. F. Eurich (Rohe,) M. D.
Medical Attendant.

*Address,* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 43489

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael B. Scully

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 32 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Iron Roller

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number} 126 E Aisquith St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis & Umbilical Fistula

Second, (Immediate,) ____

*Duration of last Sickness,* about one year.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cemetery

*Date of Burial,* Oct. 19/80

*Undertaker,* M. F. Curran

*Place of Business,* 53 S. Broadway

D M Cathell M. D.
Medical Attendant.

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

...ectfully referred to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Albert Thompson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* — *Years,* 16 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ×

*Occupation,* ×

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 93 N Eutaw Street

*Cause of Death* First, (Primary,) Meningitis

Second, (Immediate,)

*Duration of last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 19th 1880

*Undertaker,* Chas S Scriven

*Place of Business,* 271 N Eutaw St

A Friedenwald M. D.
Medical Attendant.

*Address,* 88 N Eutaw Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 43491

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 17th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Ann Brown

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 28 *Years,* *Months,* *Days*

*Color,* C

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Kent Co Md

*Duration of Residence in the City of Baltimore,* abt 23 Yrs

*Place of Death,* {Give street and number.} 140 S. Dallas St.

*Cause of Death,* First (Primary,) 2 Intemperance

Second (Immediate,) 3 Sudden Death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. P. Cemetery

*Date of Burial,* October 17

*Undertaker,* Gabriel J. Mullin

*Place of Business,*

Chas. M. Wolff M. D.

Medical Attendant.

*Address,* 67 S. Wallis St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Hunt

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 83 *Years,* c *Months,* c *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 80 years

*Place of Death,* {Give street and number} 102 Lee St

*Cause of Death,* First, (Primary.) Heart Failure

Second, (Immediate.)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sct. Alphonsus C

*Date of Burial,* Oct 18" 1880

*Undertaker,* M. Secvald

*Place of Business,* 35 S. Eutaw St *Address,* 144 Hanover St City

Geo. H. Gunsan M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 43493

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 16

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Ann Sloane

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} No. 198 S. Freemont st

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Convulsions

*Duration of last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem.

*Date of Burial,* October 18th 1880

L. O. Nuternest M. D.
Medical Attendant.

*Undertaker,* Wm. J. Tackney

*Place of Business,* 65 S. Eutaw *Address,* Balt.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 43494

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43494

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgiana Plummer

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* _____ *Years,* _____ *Months,* 7 *Days.*

*Color,* ~~col~~

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Hull Lane No 20

*Cause of Death,* First, (Primary,) _____ Second, (Immediate,) Disease Vacantium

*Duration of last ~~Sickness~~,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 18th 1880

E E Baldwin M. D.
Medical Attendant.

*Undertaker,* Geo H Perkins Jr & Co

*Place of Business,* 130 Lemmetta St

*Address,* 124 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 13495

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13495

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa F Dreyman

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 6 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,* S

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Whole life time

*Place of Death,* {Give street and number} 121 McElderry St

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,) Synocope

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 19th 80

D W Cattell M. D.
Medical Attendant.

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square *Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 43496

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43496

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilie Smith

*~~Sex, Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* Eight *Months,* ____ *Days.*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 24 Hamburg St.

*Cause of Death,* First, (Primary,) Gastritis

Second, (Immediate,) Convulsions

*Duration of last Sickness,* four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loral cemetary

*Date of Burial,* 18th

Wm Gomel M. D.
Medical Attendant.

*Undertaker,* Maurice

*Place of Business,* 103 Lee st

*Address,* 1706 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 43497

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1890 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 90 —

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Johnson.

*Sex, Male or Female,* {cross out the word not required in this line.} —

*Age,* — *Years,* — *Months,* 28 *Days.*

*Color,* White —

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City —

*Duration of Residence in the City of Baltimore,* 28 days —

*Place of Death,* {Give street and number} 210 Dover St —

*Cause of Death,* First, (Primary.) Marasmus —

Second, (Immediate.) —

*Duration of last Sickness,* 28 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Bush St Cemetery

*Date of Burial,* October 18

A. G. Watts, M. D.
Medical Attendant.

*Undertaker,* Hueners & Ross

*Place of Business,* 15 Eutaw St

*Address,* 106 Columbia St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Wheeler

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 77 *Years,* — *~~Months~~,* — *Days.*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co Md 30 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 340 N Caroline St

*Cause of Death* {First, (Primary,) Old Age

Second, (Immediate,) Chronic Rheumatism 4 weeks

*Duration of last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* October 19th 1880

*Undertaker,* M. A Dwyer

*Place of Business,* 74 S. Broadway

Thos Shearer M. D.
for A. E. Triggs, M.D. Medical Attendant.

*Address,* 97 N Charles St Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 16th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. Mills

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 31 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Housewife

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 57 E. Patterson Park Avenue

*Cause of Death,* First (Primary,) Child birth

Second (Immediate,) Lung fever Hemorrhage & Adherent Placenta previa

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem.

*Date of Burial,* October 18. 1880

*Undertaker,* M. A. Dayer

*Place of Business,* 74 S. Broadway

Jno H Steffenhagen M. D.
Medical Attendant.

*Address* 701 S High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43500

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 17. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kirchner

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 55 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Coachmaker.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany. 30 Years.

*Duration of Residence in the City of Baltimore,* ~~30~~ Years.

*Place of Death,* {Give street and number} 60 N. Castle St.

*Cause of Death* { First, (Primary,) Phthisis

Second, (Immediate,) .....

*Duration of last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Feb 19th

*Undertaker,* John Hennig

*Place of Business,* 382 Orleans St.

J. H. Ebellenberg M. D.
Medical Attendant.

*Address,* 357 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 4350

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice J Richard Walters

*Sex,* ~~Male.~~ *Female.* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/12 *Days.*

Parents

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Ft Alley near Central ave

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Cemy

*Date of Burial,* Oct 18 1880

*Undertaker,* Patrick Mullin

*Place of Business,* S. Patterson Pk *and Address,* Comm of Health

*M.D.,*

~~Medical Attendant.~~

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married, single or widow) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined Smith

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 43502

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolrie Hartung

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 6 *Months,* ——— *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 80 E. Lombard

*Cause of Death,* First, (Primary.) Gastro-Enteritis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 19th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave *Address,* 248 S. Bloomfield

J. Slaughter M.D.,
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 13503

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 13503 OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth D Neale

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 14 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 140 E Balt St.

*Cause of Death* { First, (Primary,) Hydrocephalus

, { Second, (Immediate,)

*Duration of last Sickness,* abt 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltic Cemetary

*Date of Burial,* Oct 18th 1880

*Undertaker,* Daniel Rushing

*Place of Business,* Obans St

Geo. S Repmenon M. D.
Medical Attendant,

*Address,* Balto Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 43504

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 43504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas H Caldwell

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 34 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Porter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 29 yrs

*Place of Death,* {Give street and number} ~~Consumption~~ 173 Vine St.

*Cause of Death,* First, (Primary,) ~~Consumption~~

Second, (Immediate,) Consumption

*Duration of last Sickness,* 3 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel St.

*Date of Burial,* October 19th 1880

*Undertaker,* Kennedy & Maddern

*Place of Business,* 44 & 46 Orchard St

H F Hill M. D.
Medical Attendant.

*Address,* 361 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43505

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo S. Mason

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 5 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 96 Raborg St

*Cause of Death,* First, (Primary.) Cold

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Shaw's St. Cem'y

*Date of Burial,* Oct 19 1880

*Undertaker,* Hemsley & Madden

*Place of Business,*

*M.D.,*

~~Medical Attendant.~~

*Address,* Comm'rs of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Ed.]

Exam by Ed. V. Smith

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18 1880,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Clemens Hausman

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 107 N. Howard St.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 107 N. Howard St.,

*Cause of Death,* First, (Primary,) Nervous Debility

Second, (Immediate,) Spasm, Convulsion

*Duration of last Sickness,* Instantly

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Oct 19 /80

*Undertaker,* Henry Meyer

*Place of Business,* 106 N. Howard St.

W. R. Morgan M. D.
Medical Attendant.

*Address,* 173 Saratoga St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43507

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Christ

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* Three Two *Months,* Twenty two *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 70 Fort Ave.

*Duration of Residence in the City of Baltimore,* Two months & 22 days

*Place of Death,* {Give street and number} 70 Fort Ave

*Cause of Death,* First, (Primary.) Dentitio difficilis

Second, (Immediate.) Convulsions

*Duration of last Sickness,* 16 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* October 19th

*Undertaker,* B. Hurley

*Place of Business,* 422 West St.

Wm Gobel M. D.
Medical Attendant.

*Address,* 170 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 43508.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 16th 1880,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd W. Johnson

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 9m (10) *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} # 442 Lansdale St.

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.) — Inflammation of Bowels

*Duration of Last Sickness,* Nurse reported the child as having stool on day — Under does not affect — Should too late to operate when ascertained

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* October 18th 1880

*Undertaker,* Danny F. Mitchell

*Place of Business,* Fayette & Carrollton ave

C. Smithson M.D.,

Medical Attendant.

*Address,* 584 W. Fayette St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43509

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 17. 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Apollonia

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* about 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Foreign

*Duration of Residence in the City of Baltimore,* Her entire 5 weeks

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary.) Marasmus

Second, (Immediate.) asthenia

*Duration of last Sickness,* from reception

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Oct 19. 1889

*Undertaker,* Jos Brannigan

*Place of Business,* 152 Division St

Martin Brown M. D.
Medical Attendant.

*Address,* 68 N Eutaw St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corpner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Reverse.

# Board of Health, City of Baltimore,

Permit No. 43570

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 18 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16. 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lyndray

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Years, about 2 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary,)

Second, (Immediate,) Spasms

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Oct 19 1889

*Undertaker,* Jos Branin Son

*Place of Business,* 153 Division St.

Martin Brown M. D.
Medical Attendant.

*Address,* 6 E N Calvert St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43511

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1885 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18 1885

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel J Kernan

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No. 67 E. Chester St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial.* Oct 19th

*Undertaker,* M. Clarke & Son

*Place of Business,* 64. E Balto

M. D.
Medical Attendant.

*Address,* 2 W Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43572

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwd L. McDermott

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Sailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Massachusetts

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Dispensary Hospital

*Cause of Death,* First, (Primary.) Chronic Diarrhea

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 6 mos.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Old Cathedral

*Date of Burial,* Oct 19 1880

*Undertaker,* Jno O Byrne

*Place of Business,* 63 Hanover *Address,* 54 E Saratoga St

Medical Attendant. *M.D.,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 16th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wolf

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Sixty five *Years,* nine *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Confectioner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bavaria Germany

*Duration of Residence in the City of Baltimore,* Thirty-eight years

*Place of Death,* {Give street and number} No 276 South Bond Street

*Cause of Death* { First, (Primary,) Dropsy
Second, (Immediate,)

*Duration of last Sickness,* Nine months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Oct 20th 80

*Undertaker,* W. Frank

*Place of Business,* 280 Carton Ave

Nicholas L. Bushell, M. D.
Medical Attendant.

*Address,* 207 South Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Kelly.

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White.

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* Seventeen years.

*Place of Death,* {Give street and number} 120 S. Duncan Alley

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Typhoid fever.

*Duration of last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holly Cross Cem

*Date of Burial,* Oct 19th 80

A. E. Esch M. D.
Medical Attendant.

*Undertaker,* M. Franca

*Place of Business,* 280 Canton Ave *Address,* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 43515 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT. 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William C. Moser

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Liquor Merchant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 Years.

*Place of Death,* {Give street and number.} 43 Druid Hill Ave

*Cause of Death,* First (Primary,) Died very suddenly presumably

Second (Immediate,) of Heart-Trouble.

*Duration of Last Sickness,* Five minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* Oct 20.

*Undertaker,* Walter Simmel

*Place of Business,* 252 W. Baltimore *Address*

Harry Hardy, *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish hin forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificato ng forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person sed, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 18. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Cumberland Penna

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number.} 953 W Pratt st

*Cause of Death,* {First (Primary,) Epilepsy & Intemperance / Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 19/80

*Undertaker,* J. P. Faulus

*Place of Business,* 66 Bridge Ave

Alexander Tinsley M. D.

~~Medical Attendant.~~

*Address* Coroner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43577

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth König

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 7 *Years,* 11 *Months,* *Days.*

*Color,* white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 98 N. Spring St.

*Cause of Death* First, (Primary,) Gastric Fever with Catarrh Bronchial,

Second, (Immediate,) Asthenia,

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 21st/80

*Undertaker,* Geo Schilling

*Place of Business,* Eutaw

Irving Miller M. D.
Medical Attendant.

*Address,* 179 E. Monument St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT. 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Edelman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* 7 *Months,* 21 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} 499 Aisquith St.

*Cause of Death,* First (Primary,) Meningitis Cerebral

Second (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 20th/80

A. G. Straton M. D.
Medical Attendant.

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square

*Address* 437 N. Central Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43570

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 18. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Winter

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 35 *Years,* 4 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Butcher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number} 178 Norford ave.

*Cause of Death* {First, (Primary.) Phthisis Pulmonalis
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 3 or 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct 20th 80

Geo. H. Hartman M. D.
Medical Attendant.

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Ave. *Address,* 1303 N. Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Feb 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Zeller

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} germany

*Duration of Residence in the City of Baltimore,* about 40 years

*Place of Death,* {Give street and number} Bevans St. near Hanover

*Cause of Death,* First, (Primary,) asthma

Second, (Immediate,) old age

*Duration of last Sickness,* about a year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Feb 20th

*Undertaker,* H. Boile

*Place of Business,* Harrietta St 81

A. Abbes M. D.
Medical Attendant.

*Address,* 95 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

No. 43521 *Office of Registrar of Vital Statistics.*

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 19. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie M. Groff

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 191 E Lemmington

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Congestion of the Lungs

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 20

*Undertaker,* H Brice

*Place of Business,* Harriet St 81

Theodore Gaddis M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 413522

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 19 1896 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Oct 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederic Meyers

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* W

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. C. Co Va

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 331 Charles St. S.

*Cause of Death,* First, (Primary.) Scarlatina Maligna

Second, (Immediate.) Nervous Prostration

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery.

*Date of Burial,* October 20th

*Undertaker,* B. Hurle

*Place of Business,* 52 West Street.

H. B. Ellis M.D.,
Medical Attendant.

*Address,* 315 Light St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43523

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Colson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 40 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* At H

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Delaware

*Duration of Residence in the City of Baltimore,* 17 yrs

*Place of Death,* {Give street and number} 100 Hulleh St

*Cause of Death,* First, (Primary,) Pentonitis

Second, (Immediate,) Asthma

*Duration of last Sickness,* 2 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 20th 1880

D. Streett M. D.
Medical Attendant.

*Undertaker,* Jno H. Weaver & Co

*Place of Business,* 22 W Fayette *Address,* 143 N. Exeter St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BUTLER & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 43524

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT. 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Rosenbaum

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Ninety (90) *Years,* ——— *Months,* ——— *Days.*

*Color,* White *Sex,* ———

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number.} Hebrew Hospital

*Cause of Death,* First (Primary,) Senility

Second (Immediate,) ———

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Har Sinai Cemetery

*Date of Burial,* Oct 19

*Undertaker,* C. Hollander Sons

*Place of Business,* 22 N. Pratt St.

H. Sonnet M. D.
Visiting Physician
Medical Attendant
Hebrew Hospital
Address

Elsie Bayer Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians to ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Lewis

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ... *Years,* 3 *Months,* ... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 533 Hollins St

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 533 Hollins St

*Cause of Death* { First, (Primary,) Meningitis
Second, (Immediate,) ...

*Duration of last Sickness,* About two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct 19 - 1880

*Undertaker,* Jenny & Mitchell

*Place of Business,* 530 W Fayette

D. H. Goodwin M. D.
Medical Attendant.

*Address,* 185 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK S...

No. 21052

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

*Permit No.* 43526.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 18 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Maggie B. Somerville

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 34 *Years,* ____ *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} St Mary's Co Md

*Duration of Residence in the City of Baltimore,* 4 months

*Place of Death,* {Give street and number} N Gilmor & Lemmon Lombard

*Cause of Death,* First, (Primary,) Malarial Fever followed

Second, (Immediate,) By Fatal Exhaustion

*Duration of last Sickness,* Ten Days

All the above information should be furnished by the Physician.

*Place of Burial,* Calvert Co Md

*Date of Burial,* Oct 20th 1889

*Undertaker,* Denny & Mitchell

*Place of Business,* 55 W Fayette St

J. Statton Hill M. D.
Medical Attendant.

*Address,* 432 W Lexington St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. Trans 1925

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 43.527

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mieuel

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 24 *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 349 Eastern Avenue

*Cause of Death,* First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) .....

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem.

*Date of Burial,* Oct 19th

*Undertaker,* H. Froehlich

*Place of Business,* 244 Eastern Av.

James E. Shaw M. D.
Medical Attendant.

*Address,* 61 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Supposed to be about July 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wilson

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 48 *Years,* *Months,* *Days*

*Color,*

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Mariner

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} C

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Belts Wharf

*Cause of Death,* {First (Primary,) Drowned

{Second (Immediate,) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* C & P Cemetery

*Date of Burial,* July 18

*Undertaker,* Patrick O Mullin

*Place of Business,*

Chas H. McCorkle M. D.
Attended
Medical Attendant.

*Address,* 6 & 8 Belts St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14352.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT. 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 15. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Wilton Bounds.

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* *Years,* 9 *Months,* 15 *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } Cor Cumberland & Carey St

*Cause of Death,* { First (Primary,) Teething & Hooping Cough

{ Second (Immediate,)

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Severn Station P. R. R. Alexander Tinsley M. D.

*Date of Burial,* Oct 16 '7880 Medical Attendant.

{ *Undertaker,* C. H. Blizzard Coroner

{ *Place of Business,* *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43530

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Dailey

*Sex, Male or Female,* { cross out the word not required in this line. } F

*Age,* 13 *Years,* 3 *Months,* 25 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 315 Hanover

*Cause of Death,* { First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* indefinite

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct 20th 1880

*Undertaker,* Joseph F Byrne

*Place of Business,* 69 Lee St

D Sullivan M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. LUCAS & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 43531 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 17-1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charity Howard

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* 0 *Months,* 0 *Days.*

*Color,* blk.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give street and number.} 186 Park ave

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.) —

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Pawhalon Balto Co

*Date of Burial,* Oct 20th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 & 6 Druid Hill Ave

C Lane Tompkins M.D.,
Medical Attendant.

*Address,* 129 W Biddle

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 18th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa M. Johnson.

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

*Age,* 1 *Years,* 1 *Months,* 20 *Days.*

*Color,* White.

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.} Single.

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 29 L. Church St.

*Cause of Death,* First (Primary,) Capillary Bronchitis.

Second (Immediate,) Congestion of Brain.

*Duration of Last Sickness,* 7 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 20th 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St

Jno. T. Powell M. D.
Medical Attendant.

*Address* 227 Carrollton Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 43533

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Faisby

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 80 *Years,* — *Months,* — *Days.*

*Color,* Black

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* — Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Charlestown Kent Co. Md.

*Duration of Residence in the City of Baltimore,* Thirty years

*Place of Death,* {Give street and number.} 9 Oxford St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Asthma

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Charlestown Md.

*Date of Burial,* Oct 20th 1880.

*Undertaker,* J. L. Jordan

*Place of Business,* 62 Caroline Ave

E. B. Burton M.D.,
Medical Attendant.

*Address,* Howard's Free Dispensary

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1927 Faisby

Permit No. 41354

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

*Date of Death,* October 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Brigitte Welly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} W

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Irlande

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} asylum of the Little Sisters of the Poor cor: John and Valley Sts

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.) old age

*Duration of Last Sickness,* three months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cimetery

*Date of Burial,* October 20th 1880

*Undertaker,* Henry Shelthein

*Place of Business,*

Wm. Brooke Boyle M.D.,
Medical Attendant.

*Address,* 1616 E. Eager St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 45335

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

*Date of Death,* Oct 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Watts

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* Mulatto

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} St Josephs Hospital

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) & Peritonitis

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Easton Md

*Date of Burial,* October 19 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 385 N. Central Ave

D. Carl Carter M.D.,
Medical Attendant.

*Address,* 85 N. Calvert St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 1926

Permit No. 43536

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

*Date of Death,* Oct. 19/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver E. Anderson

*Sex, Male ~~or Female~~.* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 10 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 145 S. Mey S.

*Cause of Death,* First, (Primary.) Scarlatina Malign.

Second, (Immediate.)

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto. Cem.

*Date of Burial,* Oct 21st '80

*Undertaker,* M. Branch

*Place of Business,* 280 Canton Ave

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Board of Health, City of Baltimore,

Permit No. 43537

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B Mauer

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* *Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since Born

*Place of Death,* {Give street and number} No 261 Bank St

*Cause of Death* { First, (Primary,) } { Second, (Immediate,) } Scarlatina

*Duration of last Sickness,* 5 or 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Emanuels Cem

*Date of Burial,* Oct 21st

*Undertaker,* H. Froelich

*Place of Business,* 244 Eastern Av

J. D. Gilbert M. D.
Medical Attendant.

*Address,* 244 Eastern Av

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 43538

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 19, 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Seebach

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. } Female

*Age,* Nine *Years,* Two *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* { Give street and number } No. 108 North Bond St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Scarlet Fever

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct. 21. 1880.

Wm. H. Cleudinen, M. D.
Medical Attendant.

*Undertaker,* J. D. Roesing

*Place of Business,* 97 Orleans St. *Address,* No. 107 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43539

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18th 1880

*Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boyd

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 72 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give street and number} 63 Eutaw St.

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) .....

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Oct. 20, 1880

*Undertaker,* M A Gaiger

*Place of Business,* 74 S Broadway *Address,* 47 Eutaw bet

E. Bruce Williams M. D.
Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below. And to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43540

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 18- 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Luther Williams

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 0 *Years,* 8 *Months,* 14 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* " 8 mos & 14 days.

*Place of Death,* {Give street and number} hs 1. Maisan St. Court

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) Convulsions (as learned from history of case. as I had not seen the child for 3 months)

*Duration of last Sickness,* 1/2 hour

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Pr. Cemetery

*Date of Burial,* Oct. 19 1880

*Undertaker,* H. Weber

*Place of Business,* 1 [illegible] ward

A Boyd Wylie M. D.
Medical Attendant.

*Address,* Edmondson Avenue

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43541

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 18 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Howard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 years *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All of life.

*Place of Death,* {Give street and number.} 364 Fremont St.

*Cause of Death,* First, (Primary.) Phthisis.

Second, (Immediate.) Asthenia.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudenslager

*Date of Burial,* Oct 21 1880

*Undertaker,* W H Chase

*Place of Business,* 19 Howard St

W. S. Booze *M.D.,*
Medical Attendant.

*Address,* 201 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 43542

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT BALTIMORE MD

*Date of Death,* October 19 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mae E. Carter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 13 *Days.*

*~~Color~~,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 256 N. Caroline St

*Cause of Death,* First, (Primary.) Umbilical Hemorrhage

Second, (Immediate.)

*Duration of Last Sickness,* a few hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 20-1889

*Undertaker,* Thos L Haughe

*Place of Business,* Exeter & Balto Sts

W. W. White, *M.D.,*

Medical Attendant.

*Address,* 247 N. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43543

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 20 1880 BALTIMORE.

*Date of Death,* October 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Reuter

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number} 154 Saratoga ste

*Cause of Death* { First, (Primary,) Apoplexy
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* October 21st 1880

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St

J. J Litzer M. D.
Medical Attendant.

*Address,* 160 Saratoga ste.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Octr 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Melvin Lucas

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 32 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto. City

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and number.} 59 Davis St.

*Cause of Death,* {First (Primary,) Consumption

Second (Immediate,) 4 mos

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct 21st 1880

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry St

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover & Barre Sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the

# Board of Health, City of Baltimore,

Permit No. 43545.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

*Date of Death,* October 19: 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* XXX

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Frederick Co.

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and number} 4 Smiths Court

*Cause of Death* First, (Primary,) Abscess

Second, (Immediate,)

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct-20th 1880

*Undertaker,* John H. Locke

*Place of Business,* 65 S. Wolfe

Chas E. Donnelle M. D.
Medical Attendant.

*Address,* 199 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 20

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Thomas

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days.*

*Color,* Dark

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Howard County Md

*Duration of Residence in the City of Baltimore,* Sixteen years

*Place of Death,* {Give street and number} No 272 S Howard St

*Cause of Death,* First, (Primary.) No 272 S Howard St

Second, (Immediate.) Consumption

*Duration of last Sickness,* 10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Harpers St. Cemetery

*Date of Burial,* Oct. 20th 1880

J. F. Shull M. D.
Medical Attendant.

*Undertaker,* Geo. W. Perkins Jr & Co

*Place of Business,* 130 Lemmon St *Address,* 260 South Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...he Special Attention of Physicians...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rohrer

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Eighty *Years,* Two *Months,* *Days.*

*Color,* Brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Duration of life

*Place of Death,* {Give street and number} 31 Shower st

*Cause of Death,* First, (Primary.) Asthma

Second, (Immediate,) Enlargement of Heart Dropsy of Chest

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* October 20/80

Whitfield Winsey M. D.
Medical Attendant.

*Undertaker,* C. Charles & White

*Place of Business,* 95 Druid by st *Address,* 116 Lafayette st

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 435748 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* October 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Langnau

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57. *Years,* 3. *Months,* 13. *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Clothing Cutter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give street and number.} 230 E. Eager Street

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Marasmus.

*Duration of Last Sickness,* Three (3) Years.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Oct 21, 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 309 Central Ave

E. Fickus M.D.,
Medical Attendant.

*Address,* S.E. Cor Eager & Carlin Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43219

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Elizabeth Shipley

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 76 *Years,* 10 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent County Md.

*Duration of Residence in the City of Baltimore,* 55 years.

*Place of Death,* {Give street and number} 47 S. Fulton St.

*Cause of Death,* First, (Primary,) Erysipelas and debility from old age.

Second, (Immediate,)

*Duration of last Sickness,* One year.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Oct 22

Samuel J. Knight M. D.
Medical Attendant.

*Undertaker,* J. J. Cook

*Place of Business,* 707 West Baltimore *Address,* 112 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

*Permit No.* 43550

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

*Date of Death,* October 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Tuttle

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Ellicott City Md

*Duration of Residence in the City of Baltimore,* more than 20 years

*Place of Death,* {Give street and number.} 465 Franklin St

*Cause of Death,* First (Primary,) Phthisis pulmonalis

Second (Immediate,) Same

*Duration of Last Sickness,* 3 weeks about

All the above information should be furnished by the Physician.

*Place of Burial,* Lincoln Park Cemetery

*Date of Burial,* Oct 21

*Undertaker,* J W Cook

*Place of Business,* 707 West Baltimore

J W Carey Thomas M. D.
Medical Attendant.

*Address* 317 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43557

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 20 1886 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Octob. 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Travis Richmond

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 83 Lamartine st

*Cause of Death,* First, (Primary.) Meningitis basilaris

Second, (Immediate.)

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Dr Greenwood~~ Mt Olivet

*Date of Burial,* 22 Oct

*Undertaker,* Elbow Funk

*Place of Business,* Gay St near Eareline

C Hoffman M.D.,
Medical Attendant.

*Address,* 1 Lexington st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Carroll

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 2 *Years,* *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 2 So. Cor. Carlisle & Bearman st.

*Cause of Death,* First (Primary,) Teething (Lung Fever)

Second (Immediate,) Inflammation of Bowels & Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Oct 20/80

*Undertaker,* Fry & Reb

*Place of Business,* 57 h Broadway

H. P. Lefevre M.D.
Medical Attendant.

*Address,* 237 Lee st

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 49638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella L. Cotterell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Eight *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} "

*Occupation,* "

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Eight years

*Place of Death,* {Give street and number.} No. 77 Argyle Avenue

*Cause of Death,* First (Primary,) Scarlatina

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct. 21st 1880

*Undertaker,* Wm. Manes

*Place of Business,* North Eutaw St. *Address*

E. Turner M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43552

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 18 - 1880 -

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W. Wye -

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 22 *Years,* 5 *Months,* *Days.*

*Color,* C

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Junk Dealer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* { Give street and number } 125 Stirling St

*Cause of Death,* { First, (Primary,) Pneumonia .
Second, (Immediate,) 4 weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Oct 20th 1880

J. W. C. Cuddy M. D.
Medical Attendant.

*Undertaker,* Abraham Hayman

*Place of Business,* 13 Saratoga St

*Address,* 313 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43535

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* October 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Hubbard (Mother)

*Sex, Male* ~~or Female~~ {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* one *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 59 Raborg Street

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* St. Marys St. Cem.

*Date of Burial,* Oct 20 1880

*Undertaker,* Daniel W. Chase

*Place of Business,* S. Howard St. *Address,* Comm. of Health

Jas. A. Steuart M.D.,

Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Exam by John E. Dunning

Permit No. 43536 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* 19th October 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Handy Gibbith.

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* Forty Eight (48) *Years,* *Months,* *Days.*

*Color,* White.

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Clerk.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Maryland.

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number.} # 61 St. Pauls St. Baltimore.

*Cause of Death,* First, (Primary.) Tuberculosis. (Consumption)

Second, (Immediate.) Laryngeal Phthisis. " of Throat.

*Duration of Last Sickness,* About two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct. 21st 1880

*Undertaker,* W. W. Jenkins & Son

*Place of Business,* 16 Light St

W C van Bibber M.D.,
Medical Attendant.

*Address,* 47. Franklin St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43537

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* October 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Goggin (Father)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 7 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 147 S. Saratoga St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 20 1880

*Undertaker,* Stewart Trimour

*Place of Business,* Clay St

James A Clemens M.D.,

~~Medical Attendant.~~

*Address,* Comm of Health & Registra

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

Exam by L. V. Fitzpatrick

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 18th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Griffin

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* ..... *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Queen Ann's County, Md.

*Duration of Residence in the City of Baltimore,* About 10 Months

*Place of Death,* {Give street and number} 59 Vincent Alley

*Cause of Death* First, (Primary,) Diarrhoea.

Second, (Immediate,) Malaria Fever.

*Duration of last Sickness,* About one week.

All the above information should be furnished by the Physician.

*Place of Burial,* Shiloh [illegible]

*Date of Burial,* Oct 20 1880

J. B. White M. D.
Medical Attendant.

*Undertaker,* William N. Bevard

*Place of Business,* No 12 E. [illegible] *Address,* Cor. of Mulberry & Gilmor [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate O. Wasellau

*Sex, Male or Female,* {cross out the word not required in this line.} F

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 16 N Eutaw St

*Cause of Death* { First, (Primary,) Typhoid Fever
Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct 21 1880

*Undertaker,* Denny and Mitchell

*Place of Business,* 550 W Fayette St

Jas. E. Blagell M. D.
Medical Attendant.

*Address,* 18 S Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 20th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Prudiecka Emerick

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* 6 *Months,* 17 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} In 706 Sothards Alley

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,)

*Duration of Last Sickness,* 15 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Oct 22

*Undertaker,* H Brickle

*Place of Business,* Henrietta St

J G Wandell *M. D.*
Medical Attendant.

*Address* 203 W Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 20. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Howarth Wright

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 8 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number} # 146 N. Bond St.

*Cause of Death,* First, (Primary,) Meningitis

Second, (Immediate,) Eclampsia

*Duration of last Sickness,* 10 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Pen Lucum Cemetery

*Date of Burial,* Octob. 22, 1880

*Undertaker,* Henry Hoen

*Place of Business,* 309 Central Ave

Geo. A. Warthan M. D.
Medical Attendant.

*Address,* # 305 N. Caroline St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 43562

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

*Date of Death,* October 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Agnes Hanley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 67 *Years,* 0 *Months,* 0 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland. in this Country 50 years

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number.} 222 Druid Hill Avenue

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) Convulsion

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Oct 22 d

*Undertaker,* K. C. Wiedefeld

*Place of Business,* 70 Greenmount ave

J. E. Kirby M. D.
Medical Attendant.

Address 24 Columbia Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43563 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

*Date of Death,* Oct. 19. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Irwin

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 11 Months, 2 Days.

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 179 Hamilton St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shartzel Cemetery

*Date of Burial,* Oct. 21- 1880

*Undertaker,* Hensley & Madden

*Place of Business,* 116 Orchard St

H. Irwin Cole M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43564

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Williams

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Thirteen *Years,* ——— *Months,* *Days.*

*Color,* Balck

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 67 Dorsey al.

*Cause of Death,* First (Primary,) Boas Abcess

Second (Immediate,) Exaustion

*Duration of Last Sickness,* six weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Shalo Sheet

*Date of Burial,* Oct 22" 1880

*Undertaker,* D. H. Lemmon

*Place of Business,*

T. P. McCormick *M. D.*
Medical Attendant.

*Address* 454 Madison Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Harris

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Chestertown Md

*Duration of Residence in the City of Baltimore,* 30 ~~Years~~

*Place of Death,* {Give street and number} ~~Heart Distrs~~ 31 Allen Alley

*Cause of Death* { First, (Primary,) Heart Disease
Second, (Immediate,)

*Duration of last Sickness,* abt 2 hr

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetary

*Date of Burial,* Oct 21

Wm. S. Kinemon M. D.
Medical Attendant.

*Undertaker,* Charles F White

*Place of Business,* 35 Tramp *Address,* 73 E Balt St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 20 — 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert G. Waters

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Eighty — One *Years,* Seven *Months,* Two — *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* About 28 years

*Place of Death,* {Give street and number} 1093 Cathedral St —

*Cause of Death,* First, (Primary.) Old Age

Second, (Immediate,) Disease of Bowels.

*Duration of last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Oct 22 1880

*Undertaker,* John Meacher

*Place of Business,* 812 Fagett St

D. G. Brien M. D.
Medical Attendant.

*Address,* 84 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 43567 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT. 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 21. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Morris

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 42 *Years,* 5 *Months,* 14 *Days.*

*Color,* White *Sex,* female

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Ace for life

*Place of Death,* {Give street and number.} No 402 N. Eden Street

*Cause of Death,* First (Primary,) Valvular disease of heart.

Second (Immediate,) General Dropsy

*Duration of Last Sickness,* about 9 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Oct 21 / 1880

J. R. McShane M. D.
Medical Attendant.

*Undertaker,* Wm. H. Hickman

*Place of Business,* No 234 East

*Address* 71 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 43568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh Byrne

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Laundry

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 29 Years

*Place of Death,* {Give street and number} 16 S Gay St

*Cause of Death* {First, (Primary,) Cancer of neck

Second, (Immediate,) Exhaustion & Laryngeal Pneumonia

*Duration of last Sickness,* about Eight Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem

*Date of Burial,* Oct 21st 1880

Chas O'Donovan M. D.
Medical Attendant.

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Front St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 17 - P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna maria Johnson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 17 hours *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 21 Rise alley,

*Cause of Death,* First, (Primary,) Hemorrhage from umbilicus

Second, (Immediate,)

*Duration of last Sickness,*

**All the above information should be furnished by the Physician.**

*Place of Burial,* W. Pub Cemetery

*Date of Burial,* Oct 21 1880

S. C. Clark *M. D.*
Medical Attendant.

*Undertaker,* H. A. Kershner

*Place of Business,* 50 S. Carrollton ave *Address,* 235 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Office of Registrar of Vital Statistics.

Permit No. 43571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

Oct 20 1880

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Isabel Wilson

Sex, ~~Male.~~ Female, {Cross out the word not required in this line.}

Age, 4 Months, 18 Days.
1 Year

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give street and number.} 164 Hollins St.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Interacular Meningitis

Duration of Last Sickness, 8 Days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, Oct 22 nd 1880

Undertaker, Jos H Eck

Place of Business, No 707 W Baltimore Street

Edward P. Davis M.D.,
Medical Attendant.

Address, 183 N. Eutaw St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43571

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 21 - 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Reedy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 yrs (U.S.)

*Place of Death,* {Give street and number.} 12 Comp[illegible] -

*Cause of Death,* First, (Primary.) Enteric Fever

Second, (Immediate.) Collapse

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cemetery

*Date of Burial,* Oct 24 80

*Undertaker,* Smith & Sons

*Place of Business,* 1262 Light St

[illegible] M.D.,
Medical Attendant.

*Address,* 315 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo H Franklin

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Fifty *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* Blacksmith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 43 S. Gilmore St

*Cause of Death* { First, (Primary,) Brights Disease & Pneumonia, the latter nearly well
Second, (Immediate,) Cardiac failure from Secondary Hypertrophy

*Duration of last Sickness,* I dare say months I presume, & perhaps years, has been able to work until a short time ago. I was called Oct 1st/80

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial.* October 22nd 1880

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw St

Elias C Price M. D.
Medical Attendant.

*Address,* 962 Mead Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

*Date of Death,* October 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ridgely

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* Sixty *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Washing & Ironing

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ann Arundel Co Md

*Duration of Residence in the City of Baltimore,* Since Childhood

*Place of Death,* {Give street and number} 38 Layer's Alley

*Cause of Death* First, (Primary,) Organic Dis of Heart

Second, (Immediate,) General Dropsy

*Duration of last Sickness,* about Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Oct 21st 1880

*Undertaker,* Jacob Davis

*Place of Business,* Lee St

Julius Hall M. D.
Medical Attendant.

Southern Dispensary

*Address,* 77 Hill St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43574

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

*Date of Death,* Oct 4th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresia Wenner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* 2 *Months,* 14 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore.* Since Birth

*Place of Death,* {Give street and number.} 47 Portland St

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,)

*Duration of Last Sickness,* 16 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemt

*Date of Burial,* Oct 23 80

*Undertaker,* Chas F Bartlett

*Place of Business,* 62½ W. Baltimore St

J G Wandle M. D.
Medical Attendant.

*Address* 204 W Lanvale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. And to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 21st.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. L. Page

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Coachman

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md.

*Duration of Residence in the City of Baltimore,* 3 yrs.

*Place of Death,* { Give street and number } 116 S. Hubbles alley

*Cause of Death,* First, (Primary.) Heart. Disease

Second, (Immediate.)

*Duration of last Sickness,* 2 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Mark's Street

*Date of Burial,* Oct 22 1880

H. F. Hill *M. D.*
Medical Attendant.

*Undertaker,* Hensley & Knedler

*Place of Business,*

*Address,* 861 Franklin St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below. [illegible]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

OCT 21 1880 BALTIMORE

*Permit No.* 43576

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly~~ *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 20, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. E. Hartlove

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 4 Years, 9 Months, 13 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No 75 Fountain St.

*Cause of Death* { First, (Primary,) Croup

Second, (Immediate,)

*Duration of last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* October 22nd 1880

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43847

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1880,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Neuhauser Maggie do } Parents

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~2 Years, 6~~ ~~Months,~~ 1/2 Day

*Color,* White

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 9 Browns Lane

*Cause of Death,* First, (Primary.) I almost know I was not in attendance at the birth — Supposed to be premature birth by at least one Month — I think natural causes
Second, (Immediate.)

*Duration of Last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct. 21 / 80

*Undertaker,* Wm. P. Rhulen

*Place of Business,* 66 Fred'k Ave.

[signature] M.D.,
Medical Attendant.

*Address,* 584 W. Fayette St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43578

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hinkle

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 26 *Years,* 2 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 100 Mullican St

*Cause of Death* { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* four months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 22 October

*Undertaker,* H. Shillicis

*Place of Business,* 261 E. Monument st.

Thomas J. Timms M. D.
Medical Attendant.

*Address,* 78 E. Jefferson St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43579

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 20th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Trompeter

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* ——— *Years,* 7 *Months,* ——— *Days.*

*Color,* White

*~~Married, Single,~~ Widow or Widower,* { Cross out the word not required in this line. }

*~~Occupation~~,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* { Give street and number. } 71 S. Holyoke.

*Cause of Death,* First, (Primary.) Meningocephalitis

Second, (Immediate.) Eclampsia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Bur.

*Date of Burial,* Oct. 22d 80

*Undertaker,* H. Frazier

*Place of Business,* 286 Canton Ave

J. Hannan M.D.,
Medical Attendant.

*Address,* 245 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 21 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 20 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jonathan Hamilton

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 40 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or Widower,* { Cross out the word not required in this line. } ✓

*Occupation,* Farmer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } W. Virginia

*Duration of Residence in the City of Baltimore,* Born & Lived there

*Place of Death,* { Give street and number } 1 Greenmount Ave

*Cause of Death,* { First, (Primary,) Cancer of Stomach
Second, (Immediate,) 2

*Duration of last Sickness,* About 12 or 15 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* October 22nd 1880

D. W. Keller, M. D.
Medical Attendant.

*Undertaker,* Wm. O'Meara

*Place of Business,* No 202 N. Eutaw St *Address,* 711 W. Lexington

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43581

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno A. St. King

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 4 *Months,* ____ *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 11 Fendall's al

*Cause of Death,* {First, (Primary,) Syphilis / Second, (Immediate,) Exhaustion.}

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Shady Rest Cemetery

*Date of Burial,* October 22nd 1880

*Undertaker,* Wm H Bishop Jr

*Place of Business,* 72 Druid Hill Ave

J. J. Chamberlaine M.D.
Medical Attendant.

*Address,* City Institute

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 43582

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Hopshur

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Va.

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 130 Cedar St

*Cause of Death* { First, (Primary,) ——— Second, (Immediate,) Paralysis

*Duration of last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Octo 22nd 1880

*Undertaker,* Wm H Bishop Jr

*Place of Business,* 97 Druid Hill Ave

R. M. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43589. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 21. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander John Millan

*Sex, Male or ~~Female~~.* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} Jefferson St.

*Cause of Death,* First, (Primary.) Burns ~~&~~ of Chest & Abdomen

Second, (Immediate.) Shock

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Oct 23 d

*Undertaker,* John Henry Jr.

*Place of Business,* 382 Orleans St. *Address,* Balt. & East. Sts.

G. G. Luck M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 43584

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22nd, 1880.

*Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Sloan Plummer

*Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* 2 *Months,* 26 *Days.*

*Color,* White ~~Sex,~~

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clergyman

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Burlington, Penn.-

*Duration of Residence in the City of Baltimore,* Four weeks.-

*Place of Death,* {Give street and number.} Union Protestant Infirmary

*Cause of Death,* First (Primary,) Calculus & Hypertrophy of Prostate

Second (Immediate,) Chronic Cystitis & Prostatitis

*Duration of Last Sickness,* Three weeks & 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Richmond Va

*Date of Burial,* Oct 23

Chas. Reid, M. D.
Medical Attendant.

*Undertaker,* Geo Wellington

*Place of Business,* 195 E. Eutaw *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1929 Transit

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43585

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Addie Fogle

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* One *Years,* Eight *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} No 324 Orleans St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Scarlet Fever

*Duration of last Sickness,* Eight Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Oct 22nd 1880 Wm H Clendinen M. D.

Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* Av. 107 E. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Schmidt

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 432 Allison St

*Cause of Death* First, (Primary,) Inflamed throat

Second, (Immediate,) Croup

*Duration of last Sickness,* 2 D

All the above information should be furnished by the Physician.

*Place of Burial,* Set Pauls Cemetery

*Date of Burial,* Oct 22 th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

J. E. Pechard M. D.
Medical Attendant.

*Address,* 28 O'Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43587

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 21st Oct. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B Browning

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 1 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 212 S. Charles

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Congestion of Lungs

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 22nd 1880

*Undertaker,* C. P. Krause

*Place of Business,*

H. W. Mebane M.D.,
Medical Attendant.

*Address,* 57 Barre

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43588

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~properly filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wilhelmina Betz

*Sex, Male or Female,* { cross out the word not required in this line. } Female.

*Age,* 3 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* { Give street and number } # 199 Alice Anna St.

*Cause of Death,* { First, (Primary,) Scarlatina Anginosa

Second, (Immediate,)

*Duration of last Sickness,* Three Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Oct 23d

John H. Robertson *M. D.*
Medical Attendant.

*Undertaker,* Henry Sanders

*Place of Business,* 232 Canton Ave. *Address,* # 245 Alice Anna St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday Oct 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Gannon

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 9 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} # 11 McAlear Court

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Pneumonia + abscess of Parotid Gland

*Duration of last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem.

*Date of Burial,* Oct 22nd 1880

Wilmer Hinton M. D.
Medical Attendant.

*Undertaker,* Wm H Hickman

*Place of Business,* 234 E Gay St *Address,* 25 E Lemmont Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43590

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward R Obenchain

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 360 N Washington St

*Cause of Death,* First, (Primary.) Croup—

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* 24 October

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay

Emil Powell *M.D.,*
Medical Attendant.

*Address,* No 29 Dugan St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43591

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 21. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. L. Heigelman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 30 *Years,* 6 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Druggist

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} # 267 N. Eden st.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 or 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Oct 22/ 1880

Geo. H. Kattmann M.D.,
Medical Attendant.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 1234 Jay st. *Address,* # 305 N. Caroline

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43592

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma ~~Baxter~~ Baxter

~~Sex, Male or~~ *Female,* {cross out the word not required in this line.} Father Henry Adams

*Age,* ( Years, ( Months, 4 Days.

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} University Hospital

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* { First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* W Es P W b Cemetery

*Date of Burial,* Oct 21/80

{ *Undertaker,* F A Kirchner

{ *Place of Business,* 505 Carroll Hou Av

Wm Keech MD M. D.
Medical Attendant.

*Address,* University Hospital

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43598

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 18 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Allen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Seventy-five *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give street and number.} 8 Plumb Alley

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Crisfield md

*Date of Burial,* Oct 24 1880

*Undertaker,* Jacob Davis

*Place of Business,* Fredmet

W. S. Bacon *M.D.,*

Medical Attendant.

*Address,* 20 Shaft

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1930 Fremont

# Board of Health, City of Baltimore,

Permit No. 43594

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora Bradley

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 113 St. Paul St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 23

*Undertaker,* M France

*Place of Business,* Eutaw avenue

Wm. Brodie Boyle M. D.
Medical Attendant.

*Address,* 166 E. Eager St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

HOOAH SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43595

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bauchman

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 9 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* Six days.

*Place of Death,* {Give street and number} corner Franklin & Calvert Sts.

*Cause of Death* First, (Primary,) Malignant Scarlatina

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Marysville Pa

*Date of Burial,* 4 PM Oct 22nd '80

*Undertaker,* E W Bratson

*Place of Business,* Marysville

John Morris M. D.
Medical Attendant.

*Address,* cor. 5th & Franklin Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

This Child arrived in Baltimore on Thursday Oct 14th 1880

The Special Attention of Physicians is respectfully invited to the Notice below, and to the Penalty on this Certificate.

# *Board of Health, City of Baltimore,*

*Permit No.* 43596

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 22, 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie A. Fiske

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. } Male

*Age,* Three *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*~~Occupation~~,*

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* { Give street and number } No. 324 Orleans St.

*Cause of Death,* { First, (Primary,) — Second, (Immediate,) Scarlet Fever

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Oct 23rd 1880 Wm H Clendinen M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* No. 102 N Broadway

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43597

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Howard

*Sex,* ~~Male~~. *Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* 7 *Months,* 19 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and number.} 11. Duncan alley (8

*Cause of Death,* First, (Primary.)

Second, (Immediate.) General debility

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Osborne burying ds

*Date of Burial,* Oct 22 1880

*Undertaker,* Wm T. Dungee

*Place of Business,* East St

James A Steuart M.D.,

*Address,* Corner of Str. all & Orleans Str

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examd by Jos P. Smith

# Board of Health, City of Baltimore,

Permit No. 43598

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Spriggs

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* About 65 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Widower

*Occupation,* Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All This Life

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* { First, (Primary,) Organic disease of heart
Second, (Immediate,)

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 25

*Undertaker,* F B Carter

*Place of Business,* 107 West Balto

F. WEST M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 43599

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Shier

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* housework

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany about 30 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 251 Baltimore St

*Cause of Death,* First (Primary,) Erysipelas of Head & Face

Second (Immediate,) with enlargement of same

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* October 24th 1880.

*Undertaker,* W. S. Dill

*Place of Business,* 183 Columbia ave.

H. R. Fetterhoff M. D.
Medical Attendant.

*Address,* 251 Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43600

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Fulton.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 Years, 1/2 Months, Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maternity Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Nursery and Child's Hospital

*Cause of Death* First, (Primary,) Mal Nutrition

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 16

*Undertaker,* [illegible]

*Place of Business,* [illegible] *Address,*

C. F. Brun M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Estelle Crosper

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 1/2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maternity Life

*Duration of Residence in the City of Baltimore,* ..... Nursery and Child's Hospital

*Place of Death,* {Give street and number} ..... Convulsions

*Cause of Death* { First, (Primary,) ..... Tubercular Meningitis
Second, (Immediate,) ..... 1 week

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct-22

*Undertaker,* T. A. Blizzard & Co

*Place of Business,* ..... *Address,* .....

C. F. Bevan *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43602

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Scott

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 1/2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md. Infirmary

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Nursery and Child's Hospital

*Cause of Death* { First, (Primary,) Mal-Nutrition
Second, (Immediate,)

*Duration of last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct 22

C. F. Brune M. D.
Medical Attendant.

*Undertaker,* C. H. Williams

*Place of Business,* 207 Pratt st *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No 43603

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 21. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Capt. H. F. T. Buckingham.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 39 *Years,* — *Months,* *Days.*

*Color,* White.

*Married, ~~Single, Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Married.

*Occupation,* Merchant.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Gettysburg Pa.

*Duration of Residence in the City of Baltimore,* 15 Years.

*Place of Death,* {Give street and number.} No. 234 Maryle Av. Balto.

*Cause of Death,* First (Primary,) Cirhosis of Liver.

Second (Immediate,)

*Duration of Last Sickness,* 1 year.

All the above Information should be furnished by the Physician.

*Place of Burial,* Westminster Carrol Co Md

*Date of Burial,* 10-25

*Undertaker,* C. H. Blizzard

*Place of Business,* 201 Penn Ave

Jno. T. Powell M. D.
Medical Attendant.

*Address* 227 Cantelon Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1931 Trans

[OVER.]

Permit No. 43604

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 22 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* October 22. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Creiller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* White.

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give street and number.} 203 E. Fayette St.

*Cause of Death,* First, (Primary.) Senile Catarrh

Second, (Immediate.)

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Lloyd St Hebrew Cemetery

*Date of Burial,* October 24th 1880

*Undertaker,* Wm Edlow

*Place of Business,* 101 Gough St

J. W. Hook M.D.,
Medical Attendant.

*Address,* 73 E. Balto St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43603 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE.

*Date of Death,* Oct 21, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Mitchell

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Span Maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 57 Lee St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Suppression to be apoplexy

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Ball Cemetery

*Date of Burial,* Oct 24 80

*Undertaker,* Anstey & Dorsey

*Place of Business,* No 263 Lyon

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43606

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

*Date of Death,* Oct 22

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Valliant

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* 22 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 52 Warren Ave

*Cause of Death,* First, (Primary.) Catarrhal Pneumonia

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* Oct 24 80

*Undertaker,* Austin & Downs

*Place of Business,* N. 263 Light St

C. C. P. Elliott M.D.,
Medical Attendant.

*Address,* 815 Light St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43607

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta W. Haynes

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* 39 *Years,* 7 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* House Keeper

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Va

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number.} 156 Hughes St.

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cemetery

*Date of Burial,* Oct 23 80

*Undertaker,* Amoby & Sons

*Place of Business,* No 263 Eutaw

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover & Baltimore Sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 43608

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22nd, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Sapp

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 13 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} # 251 S. Durham St

*Cause of Death,* First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

*Duration of last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem.

*Date of Burial,* October 23rd 1880

John H. Rehburger M. D.
Medical Attendant.

*Undertaker,* M. A. Daiger

*Place of Business,* 714 S. Broadway *Address,* #714 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Fritz

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 4 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 235 Caroline

*Cause of Death* {First, (Primary,) Scarlet Fever (Malignant)
Second, (Immediate,)

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Oct 24th 80

O. L. Clarke M. D.
Medical Attendant.

*Undertaker,* M. Franco

*Place of Business,* 280 Canton *Address,* 237 Gough

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 43610

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 23
1880
BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph McDonald

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 1 S. E. Corner Eutaw St.

*Cause of Death* {First, (Primary,)} Pneumonia

{Second, (Immediate,)}

*Duration of last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Oct 25th 80

*Undertaker,* M. France

*Place of Business,* 281 Eastern Ave

*Address,* 211 Bond

J. Gatch M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43611

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Johns

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 5 3 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Grain Runner &c.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Queen Anne Co Md

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give street and number} 39 Commerce st

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,) .....

*Duration of last Sickness,* about 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bloomingdale

*Date of Burial,* Oct 23. 1880

*Undertaker,* William L. Dugee

*Place of Business,* 62 East

J W Cattell M. D.
Medical Attendant.

*Address,* 217 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43612

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert J. Clancy

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* 11 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} 47 E Pratt

*Cause of Death* { First, (Primary,) Membranous Croup
Second, (Immediate,) 3 days

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Oct 23rd 1880

Jno J Duke M. D.
Medical Attendant.

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw *Address,* 16 Lucas

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43613

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Brooks

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 68 *Years,* 7 *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married, Single,*~~ *Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 402 Harford Ave

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) "

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Oct 24th 80

*Undertaker,* George Schilling

*Place of Business,* Ashland & Lyons

A. C. Watson *M. D.*

Medical Attendant.

*Address* 437 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4361

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1889 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 23rd 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacobi Raund

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Years, 2 Months, 2 3 Days.

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 30 Hanover st

*Cause of Death* First, (Primary,) Said to have Diarrhea

Second, (Immediate,) Collapsed & dying when I saw him

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct. 24

E Pinkard M. D.
Medical Attendant.

*Undertaker,* Walter Samuel

*Place of Business,* 262 W. Baltimore *Address,* 23 McCulloh

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth S. Wright

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 28 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 331 E. John St

*Cause of Death,* First, (Primary.) Phthisis Pulmon

Second, (Immediate.) Ex haustion

*Duration of last Sickness,* Short time

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 24th 1880

Hammond Buckler M. D.
Medical Attendant.

*Undertaker,* Danl Geo Mitchell

*Place of Business,* 550 W Fayette St *Address,* 64 N Charles St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

*Date of Death,* Oct 22d 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents,} Charles A Starr

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 8 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} S. E. Cor Chew and McDonogh St

*Cause of Death* First, (Primary,) Scarlatina

Second, (Immediate,) ~~Cynanche~~ Tetanus

*Duration of last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. cemetery

*Date of Burial,* Oct. 23rd 1880

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 W. Gay St.

Irving Miller M. D.
Medical Attendant.

*Address,* 179 E. Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Rules and Regulations on the back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 43617

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21st 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Kaufmann

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.} Male

*Age,* 5-6 *Years,* 6 *Months,* 27 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* Shoemaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 Years.

*Place of Death,* {Give street and number} 16 Keny alley

*Cause of Death,* First, (Primary,) Double Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 2 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenhill Park Cemetery

*Date of Burial,* Oct. 24th 1880.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St.

H. F. Hill M. D.
Medical Attendant.

*Address,* 361 Franklin St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43618

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 23rd 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Andulen

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 75 *Years,* ~ *Months,* ~ *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 188 Hamburg St

*Cause of Death* {First, (Primary,) Paralysis of Heart

Second, (Immediate,) One year

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* Oct 25th 1889

*Undertaker,* Wm Strunz & Son

*Place of Business,* 263 Light St *Address,* 1 & 3 Conway St

Geo. N. Denson *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Dwyer

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 6 *Years,* 3 *Months,* 4 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 138 Bank St

*Cause of Death,* {First, (Primary.) Acute Meningitis

Second, (Immediate,) 24 hours

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 25th 1880

*Undertaker,* Jno L Mosher

*Place of Business,* Paca & Camden *Address,* 144 Hanover & Co Sts

Geo. H. Benson M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 43620

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 23d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Margaretha Steh-meyer

*Sex, Male or Female,* {Cross out the words not required in this line.} female

*Age,* ..... *Years,* 4 *Months,* 19 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} S. Sharp St 85

*Cause of Death,* First (Primary,) Diarrhoea

Second (Immediate,) Weakness

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Church Cemetery

*Date of Burial,* 24 October 1880

*Undertaker,* Trumbel

*Place of Business,* Park St

Dr F Reinhard M. D.
Medical Attendant.

*Address,* 224 West Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43627

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carolin Selock Joyce

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 61 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 333 E Monument st

*Cause of Death* { First, (Primary,) Phthisis pulmonalis
, Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 18 months

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Sunday Oct 24th 1880

*Undertaker,* Conrad Bunke

*Place of Business,* Eutaw Park ave

Irving Miller M. D.
Medical Attendant.

*Address,* 179 E. Monument st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43022, *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 23rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Emmet

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* 9 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 44 Wolfe St.

*Cause of Death,* First, (Primary.) Cholera Infantum

Second, (Immediate.)

*Duration of Last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* October 24th

*Undertaker,* Jos Byrnes

*Place of Business,* Front St

Geo B Reynolds M.D.,
Medical Attendant.

*Address,* 161 N Calvert St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43623

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 21 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Cohen

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* living life

*Place of Death,* {Give street and number} 217 S. Eutaw st

*Cause of Death* { First, (Primary,) Paluses
, { Second, (Immediate,) Convulsion

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 23 1880

*Undertaker,* S. M. Chase

*Place of Business,* 120 Hanover st

E. M. Hart *M. D.*
Medical Attendant.

*Address,* 262 Saratoga st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 21 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Solamon Cole

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 33 *Years,* 2 *Months,* ... *Days.*

HEALTH DEPARTMENT OCT 1890 BALTIMORE

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Under Cologne

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co.

*Duration of Residence in the City of Baltimore,* Seventeen years

*Place of Death,* {Give street and number} 127 Hill St

*Cause of Death,* First, (Primary.) Hereditary Pulmonary Phthisis

Second, (Immediate.) Oedema of Hydrothorax

*Duration of last Sickness,* Ten weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 24th Oct 1890

*Undertaker,* C. W. Chase

*Place of Business,* 128 Lanvale

L. D. Dyke M. D.
Medical Attendant.

*Address,* 146 Hill St.

L. D. DYKE M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

*Date of Death,* October 22d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Washington

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent Co Md

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number} 130 Dover st

*Cause of Death* { First, (Primary,) Consumption.
Second, (Immediate,) "

*Duration of last Sickness,* 2 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 24 1880

{ *Undertaker,* R M Chase
*Place of Business,* 198 Lanvale st

Thos J Pennington, *M. D.*
Medical Attendant.

*Address,* 134 N Carrollton Av

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 43626

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

*Date of Death,* October 22d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burkhard E. Schaal

*Sex, Male or Female,* {Cross out the words not required in this line.} male

*Age,* 25 *Years,* 2 *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* machinist

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* all his lifetime

*Place of Death,* {Give street and number.} W Carrollton Avenue N 140

*Cause of Death,* First (Primary,) Suffocated by coal gas

Second (Immediate,) Paralysis of heart

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* 24 October 1880

*Undertaker,* Weaver

*Place of Business,* W Fayette St

L. J. Reinhard M.D.

Medical Attendant.

*Address,* 224 West Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of

Office of Registrar of Vital Statistics.

Permit No. 43627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. & Christian Kohlpluck

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 3-9 *Years,* 6 *Months,* — *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cast Driver &c —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* abt 30 Yrs

*Place of Death,* {Give street and number.} 118 E. Fayette St

*Cause of Death,* First (Primary,) Cirhosis.

Second (Immediate,) Gastes

*Duration of Last Sickness,* about six months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct. 24/80.

*Undertaker,* J. D. Boring

*Place of Business,* 97 Orleans St.

Chas. Mosher M.D.
Medical Attendant.

*Address,* 67 E. Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

# Board of Health, City of Baltimore,

*Permit No.* 43,628

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 28 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martin Edgar Hahn

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number } 548. W Lombard St

*Cause of Death* { First, (Primary,) "Fits" Second, (Immediate,) "Fits"

*Duration of last Sickness,* about 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial* Oct 29

*Undertaker,* J D Cook

*Place of Business,* 707 West Baltimore

J. H. Buchanan M. D.
Medical Attendant.

*Address,* 582 W Fayette St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43629

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Kane

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bath City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 338 Eastern ave

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Five (5) days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Monday Oct 25th 80

{*Undertaker,* N. F. Curran

*Place of Business,* 53 Lombard

G L Whitlow M.D.,
Medical Attendant.

*Address,* 1719 Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

Permit No. 43630

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 22nd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Budeke.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single,~~ Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Glass blower

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} B & O. R.R. Bet Ft Ave & Randall St

*Cause of Death,* First, (Primary.) Verdict

Second, (Immediate.) Unknown to the Jury.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 24th 1880

*Undertaker,* Elias Marden

*Place of Business,* 16 E Lombard St

Dr. Beel M.D.,
Medical Attendant.

Coroner

*Address* Hall & Shaw Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43631

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* October 23d, 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie McCauley

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* ——— *Years,* Seven *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } 110 Warner St

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* { Give street and number } 720 S. Paca Street.

*Cause of Death* { First, (Primary,) Laryngitis Angina. Second, (Immediate,) Apnöea

*Duration of last Sickness,* 24 (6) days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Town

*Date of Burial,* Oct 24th 1880

*Undertaker,* Wm. J. Fickeisen

*Place of Business,* 65 S. Eutaw St

Wm. McEldowney M. D.
Medical Attendant.

*Address,* 12 E. Pleasant & Howard Sts

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43632

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burinl, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 22nd.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph J. Stewart

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 86 *Years,* 10 *Months,* 23 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Brandywine Hundred Delaware

*Duration of Residence in the City of Baltimore,* 64

*Place of Death,* {Give street and number.} 193 Aisquith Street

*Cause of Death,* {First (Primary,) Senile Atrophy
Second (Immediate,)}

*Duration of Last Sickness,* About 4 Weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 25th 1880

*Undertaker,* W. H. Buchanan

*Place of Business,* 94 Lex.

J. C. Whitelford M. D.
Medical Attendant.

*Address* 195 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Permit No.* 43633

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. OCT 23 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia Chase Phillips

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* Two *Years,* One *Months,* ——— *Days.*

*Color,* White *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Pottsville Pa

*Duration of Residence in the City of Baltimore,* on Visit

*Place of Death,* {Give street and number.} 13 N Eutaw St

*Cause of Death,* First (Primary,) Scarlatina

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Oct 24th 1880

*Undertaker,* Arnitz & Son

*Place of Business,* 263 Light St

A Hartman *M. D.*
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43634

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lambert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} South Carolina

*Duration of Residence in the City of Baltimore,* About 6 months

*Place of Death,* {Give street and number.} 42 Pearl Alley

*Cause of Death,* First, (Primary.) Typhoid fever

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 23

*Undertaker,* H Kors

*Place of Business,* [illegible]

U. S. [illegible] *M.D.,*

Medical Attendant.

*Address,* [illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43635 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 23 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 22. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie Barney.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Left of life

*Place of Death,* {Give street and number.} #44 Maynadier Alley

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Samuel Cemetery

*Date of Burial,* October 23

*Undertaker,* # 2083

*Place of Business,* 25 Lombard St

W. S. Booze *M.D.,*
Medical Attendant.

*Address,* 296 Aisquith St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43636

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 2. A.M. October 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bernard Robins

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* 7 *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cigar-maker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number.} George Street No: 49

*Cause of Death,* First (Primary,) Carcinoma of the Oesophagus

Second (Immediate,) involving the larynx & Asthenia

*Duration of Last Sickness,* 10. months.

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Alphonsis

*Date of Burial,* Oct 25th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 46 Druid Hill Ave

Samuel Johnston M. D.
Medical Attendant.

*Address* 80 E. Monument.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43637

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 22d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Gibson

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* One (1) *Year,* Four (4) *Months,* ____ *Days.*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} St Thomas Court No 1

*Cause of Death,* First, (Primary,) Teething Cerebritis

Second, (Immediate,) Convulsion exhaustion

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 24 1880

*Undertaker,* William H. Dugee

*Place of Business,* 62 East st

E. E. Baldwin M. D.
Medical Attendant.

*Address,* 124 n Exeter st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43635 to 43638 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Faust

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* 11 *Months,* 22 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 647 Light St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Aneurism of the Aorta

*Duration of Last Sickness,* 4 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill Cem

*Date of Burial,* Oct. 24th

*Undertaker,* B. Hall,

*Place of Business,* 711 Light St.

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Lawrence

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43639

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary and George Cooper Parents

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/12 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 72 Vine St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 24th 1880

*Undertaker,* W. M. Dunge

*Place of Business,*

Signature of Physician, M.D.,

Medical Attendant.

*Address,* Comm of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Taylor

Board of Health, City of Baltimore,

*Permit No.* 43640

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benedict Johnson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* Eighteen *Days.*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No. 4 John ally

*Duration of Residence in the City of Baltimore,* 18 days

*Place of Death,* {Give street and number} No. 4 John al.

*Cause of Death* {First, (Primary,) Debility-
Second, (Immediate,) Convulsions

*Duration of last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel County

*Date of Burial,* Oct 25

*Undertaker,* John C. Forden

*Place of Business,* 63 Pratt ave

J. B. Gardner *M. D.*
Medical Attendant.

*Address,* 120 N. Greene st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43611

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 24 1880

# CERTIFICATE OF DEATH.

*Date of Death,* October 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence G. Kains

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 13 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~~

*Occupation,* ~~~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* ~~~~

*Place of Death,* {Give street and number.} 218 Light St

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Oct 25th 1880

*Undertaker,* C. F. Kranse

*Place of Business,* .....

H. B. Jolle M.D.,
Medical Attendant.

*Address,* 17 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 4364

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 24 1880 BALTIMORE

*Date of Death,* October 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Weiland

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* 9 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 1

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 191 Aliceanna

*Cause of Death* First, (Primary,) ———

Second, (Immediate,) Marasmus

*Duration of last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Atlantis Cemetery

*Date of Burial,* October 24th 1880

*Undertaker,* Geo. Lembach

*Place of Business,* 389 West Pratt St *Address,*

M. D.

Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43643

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Renshaw

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Blacksmith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harford County

*Duration of Residence in the City of Baltimore,* 15 Years

*Place of Death,* {Give street and number} 210 Chase St.

*Cause of Death* First, (Primary,) Alcoholism

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 26 1880

*Undertaker,* Geo. Schelling

*Place of Business,* Monument & Burial *Address,* 319 N. Central Ave

E. B. Fenby M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

13

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 43644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George R. Thayer

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* ____ *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 57 N. Howard St.

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Pneumonitis, Double

*Duration of last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Com

*Date of Burial,* Oct 25th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

J. Shelton Hill M. D.
Medical Attendant.

*Address,* 432 W Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 43645

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 24th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Magdalena Hirn (Hilz)

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Housekeeper

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germany (5 yrs in America)

*Duration of Residence in the City of Baltimore,* 3 yrs

*Place of Death,* { Give street and number. } Hospital

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Oct 26th

*Undertaker,* Henry Sander

*Place of Business,* 252 Caroline ave

Geo Colton M.D.,
Medical Attendant.

*Address,* 183 N Caroline

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 43646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 24th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Louis Repp

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} # 319 S. Bond St

*Cause of Death,* First, (Primary.) Diptheria.

Second, (Immediate,)

*Duration of last Sickness,* Three Days.

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical Cem.

*Date of Burial,* Oct 26th.

*Undertaker,* H. Fechlit

*Place of Business,* 244 East Ave

John H. Rehberger M. D.
Medical Attendant.

*Address,* # 243 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43647

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* 24th Oct. '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene L. Longino

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 6 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 9 yrs.

*Place of Death,* {Give street and number.} 173 S. Fayette st.

*Cause of Death,* First, (Primary.) Chronic

Second, (Immediate.) Diarrhoea

*Duration of Last Sickness,* I know nothing of the history of the Case I made but two visits a few weeks ago during the patients illness.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 25th 1880

*Undertaker,* John Lake

*Place of Business,* 161 E Balt. St

John L. Lemmon M.D.,
Medical Attendant.

*Address,* 67 W. Cabot & Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 43648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 24th 3 am

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boeckel

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 67 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married.

*Occupation,* Shoemaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* about 20 years.

*Place of Death,* {Give street and number} 258 E. Fayette St.

*Cause of Death* First, (Primary,) Spasmodic Asthma

Second, (Immediate,) do

*Duration of last Sickness,* about 2 weeks (last attack.)

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 26th 1886

*Undertaker,* Leonard Tews

*Place of Business,* 1 Bond St. 274

G. H. Down M. D.
Medical Attendant.

*Address,* 62 E. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43649

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Diehl

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 49 *Years,* 7 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 yrs.

*Place of Death,* {Give street and number.} 216 S. Bond St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis of

Second, (Immediate.) Abdominal Cavity

*Duration of Last Sickness,* 3 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* October 26th 1880

*Undertaker,* Leonhard Kurtz

*Place of Business,* S. Bond street No. 27

John F. Neumann M.D.,
Medical Attendant.

*Address,* S.W. Cor. 17th & Read

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 13650

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 25 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Chase

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* + *Years,* 5 *Months,* 5 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} +

*Occupation,* +

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 224 S. Durham St.

*Cause of Death,* First, (Primary,) Atrophic Infantile Paraplysis —

Second, (Immediate,) Pertussis — Eclampsia,

*Duration of last Sickness,* One month + (Sick lifetime).

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St Cemetery

*Date of Burial,* Oct 25th 1880

A. J. Gosnider M. D.
Medical Attendant.

*Undertaker,* Thos J Locke

*Place of Business,* 73 Jefferson St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43681 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hay

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 109 N. Gay St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Consumption

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cy

*Date of Burial,* Oct 25th 1880

James F. Sim M.D., ~~Medical Attendant.~~

*Undertaker,* James P. Byrne

*Place of Business,* Front St

*Address,* County of Health & Physician

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by - J. P. Smith

Permit No. 43652

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

*Date of Death,* October 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Needham

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~——~~ *Years,* 1 *Months,* 7 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 1. Hood's Court

*Cause of Death,* First, (Primary) Cold

Second, (Immediate) Bronchitis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 25th 1880

*Undertaker,* Geo W. Perkins & Co

*Place of Business,* ~~——~~

J. Thos A. Glenn M.D.,

~~Medical Attendant.~~

*Address,* Comm'r of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Jos V. Fitzpatrick

Permit No. 43653

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

*Date of Death,* October 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant daughter of Edward & Annie [illegible]

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

*Age,* 11 hours — ~~Years,~~ *Months,* *Days.*

*Color,* W.

~~*Married,*~~ *Single,* ~~Widow or Widower~~ {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 84 Woodyear St.

*Duration of Residence in the City of Baltimore,* 11 hours —

*Place of Death,* {Give street and number.} 84 Woodyear —

*Cause of Death,* First, (Primary.) Unknown —

Second, (Immediate.) Convulsions —

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Oct 25th 1880

*Undertaker,* J. W. Boughs

*Place of Business,* 1319½ Eutaw Ave *Address,* 520 Penna Ave

H. Kiekert *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43654

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frdrick William Goertz

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 50 *Years,* 11 *Months,* 20 ~~2~~ *Days.*

*Color,* W

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Dry goods merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Gumany

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and number} S. Eut Ha Asharp

*Cause of Death,* First, (Primary,) Aortic incompetency

Second, (Immediate,) ~~Pneumonia~~

*Duration of last Sickness,* many years

All the above information should be furnished by the Physician.

*Place of Burial,* Balt cem

*Date of Burial,* Oct 26th 80

*Undertaker,* Rau & Bartell

*Place of Business,* 62½ W. Balt St *Address,* 152 Sharp

L Shelton *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

*Permit No.* 43655

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Ellis

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 1 *Years,* 2 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Child

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 44 Frederick St

*Cause of Death,* First, (Primary.) Croup

Second, (Immediate,) Apnoea

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balti. Cemetery

*Date of Burial,* Oct 26

*Undertaker,* J. F. Byrne

*Place of Business,* 63 Frederick St

D. Shaw M. D.
Medical Attendant.

*Address,* 143 N. Exeter St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**Permit No.** 43656

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of such deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Earl Bergen

~~Sex~~, *Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* 26 *Years,* 3 *Months,* 24 ~~24~~ *Days.*

*Color,* White *Sex,* male

~~Married~~, *Single,* ~~Widowed~~, {Cross out the words not required in this line.}

*Occupation,* Cigar maker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number.} 114 Myrtle Av

*Cause of Death,* {First (Primary,) Phthisis Pulmonalis
{Second (Immediate.)

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* Octo 26

{*Undertaker,* Walter Sommer
{*Place of Business,* 252 N. Bedde *Address* 187 Saratoga st

Frank P Gunner M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43657

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 25, 1880 BALTIMORE.

# CERTIFICATE OF DEATH

*Date of Death,* Oct. 24th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Naylor

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. City.

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number.} 6 N. Carline St.

*Cause of Death,* First, (Primary.) Consumption of the Lungs

Second, (Immediate.)

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* October 26 1880

*Undertaker,* A Kern

*Place of Business,* No 6 N Carline

John F. Simmons M.D.,
Medical Attendant.

*Address,* S.W. Cor Eutaw & Randon

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43658

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 24th, 2:20 P. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Brady.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 8 *Years,* 4 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimor City.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number} 281 Columbia ave

*Cause of Death* First, (Primary,)

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 24 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 26th

*Undertaker,* S. E. Leonard & Co.

*Place of Business,* No. 782 W. Balto St. *Address,* N. E. C. Columbia Ave & Pierce St.

Smith A. Lindsay M. D.
Medical Attendant.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

*Permit No.* 43659

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 24th Oct 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Katharina Holthausen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 *Years,* 0 *Months,* 30 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 199 Saratoga st

*Cause of Death,* First (Primary,) 199 Saratoga

Second (Immediate,) 7 months old
convulsions

*Duration of Last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* Oct 25

*Undertaker,* H. Borgmann

*Place of Business,* 45 Clay St

*Address* 120 Pine St

..... *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

*Permit No.* 43660 7

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Octob. 25-

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Rausch

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* ~ *Years,* ~ *Months,* 5 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} V

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 187 S. Charles St.

*Cause of Death* { First, (Primary,) Insanus Parcentium

Second, (Immediate,)

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bell Cemetery

*Date of Burial,* 26th Octr

*Undertaker,* Julius Roehler

*Place of Business,* Stamp & Cross Sts *Address,* 137 Wayette

J. Patterson M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 24366 / 4366 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 25, 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 24th 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Minifie

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 15 *Years,* 2 *Months,* 10 *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow or~~ Widower,* { Cross out the word not required in this line. }

*Occupation,* Draughtsman

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } England

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* { Give street and number. } 80 N. Greene St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* 26th Oct. 1880

*Undertaker,* H. Weaver

*Place of Business,* 262 N. Eutaw St.

D. G. Miller M.D.,
Medical Attendant.

*Address,* 80 N. Greene St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43662 43662 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 25, 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 24. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schultz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 18 Months

*Place of Death,* {Give street and number.} Marshall ave

*Cause of Death,* First, (Primary.) Fall on the pavement

Second, (Immediate.) Concussion of the Brain

*Duration of Last Sickness,* 11 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Elkhorn Lansdowne

*Date of Burial,* Oct 26

*Undertaker,* B. Hoile

*Place of Business,* 42 West St.

Lansdowne Md. M.D.,
Medical Attendant.

*Address,* 146 Hammonds

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43663

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie B. Gillen

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* one *Months,* ~~—~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 97 Lemmon St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pertussis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem'y

*Date of Burial,* Oct 26th 1880

*Undertaker,* Jas B. Cook

*Place of Business,* 20 W Balto St

Jno. H. Chew M.D., ~~Medical Attendant.~~

*Address,* Comm'r of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Leo E. Taylor

[OVER.]

Permit No. 436664

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 23. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B Robinson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Caroline Co Va

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give street and number.} 213 McHenry st

*Cause of Death,* First, (Primary.) Malarial Fever & Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* One week

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Oct. 25 1880

James Bowie *M.D.,*

Medical Attendant.

*Undertaker,* J. B. Cook

*Place of Business,* #707 W. Baltimore St. *Address,* 219 Hollins st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 23 - 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Perry Matthews -

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 13 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number} 6 Upton St

*Cause of Death,* {First, (Primary,) Second, (Immediate,)} Inflammation of Brain 7 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loyd St. Cemetery

*Date of Burial,* Oct 25th 1880

*Undertaker,* Wm. H. Mears

*Place of Business,* Howard & Hill sts.

J. W. C. Cudy M. D.
Medical Attendant.

*Address,* 363 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43666

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 25. 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Candler

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 — *Years,* 6 — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 103 Leadenhall St

*Cause of Death,* First, (Primary,) Anamnion

Second, (Immediate,)

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 25 1880

*Undertaker,* Henry Brice

*Place of Business,* Hanover St 81

B. F. Phillips *M. D.*
Medical Attendant.

*Address,* 327 W. Lombard St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4366

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 25, 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 23rd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rowell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* About 30 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Sailor on Ocean Steamer Belgize

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bristol

*Duration of Residence in the City of Baltimore,* Steamer in about 8 days

*Place of Death,* {Give street and number.} Off of Wharf of Locust Point Ferry Boat

*Cause of Death,* First, (Primary.) Accidental drowning

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Oct. 25

*Undertaker,* W. Diffel

*Place of Business,* 1 Bond st. 151

E. T. Bell *M.D.,*

~~Medical Attendant.~~ Coroner

*Address,* 161 So. Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43668

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 24, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Farrina

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 20 *Months,* ..... *Days.*

*Color,*

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 247 Jefferson St.

*Cause of Death,* First, (Primary.) Scarlatina Anginose

Second, (Immediate.) Eclampsia

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Oct. 25th

*Undertaker,* W. Duffy

*Place of Business,* S. Bond at 137

W. W. White, M.D.,
Medical Attendant.

*Address,* 317 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43669 / 43669 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ~~Years.~~ *Months,* 7 Weeks ~~Days.~~

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 13 Mason alley

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 13 Mason alley

*Cause of Death,* First, (Primary.) Spasms

Second, (Immediate.)

*Duration of Last Sickness,* Two hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 25 1880

*Undertaker,* Wm H Bishop Jr.

*Place of Business,* Dandelion

James A Clem M.D.,

Medical Examiner

*Address,* Commissioners of Health & Registrar

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Bdcsr S.D.

Permit No. 43670 #43670 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 24 "1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Wiseman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* 7 *Months,* 13 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} E. Fayette & Durham Sts

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Consumption

*Duration of Last Sickness,* 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Oct 26 "1880

*Undertaker,* M. France

*Place of Business,*

Edward A. Clemm M.D., ~~Medical Attendant~~

*Address,* Commissioners of Health Registrar

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. P. Smith

[OVER.]

Permit No. 4 3 6 / 1 4 4 3 6 7 1 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lepsar

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 7 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 41 Abbott St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Oct 25th 1880

*Undertaker,* Henry Hoeck

*Place of Business,* Central ave *Address,* Comm of Health Registrar

Thos A Stems M.D.,

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Lot B. Smith

# Board of Health, City of Baltimore,

Permit No. 43672

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 25 2
1880
BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hurd

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 2 *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Maryland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} No 40 Edmund St.

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Marasmus

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemtry

*Date of Burial,* 25th Octr 1880

*Undertaker,* Wm Cleveland

*Place of Business,* 258 Alice Ann st.

E. J. Williams M. D.
Medical Attendant.

*Address,* 17 Patterson Pl

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Board of Health, City of Baltimore.

Permit No. 43673

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Hain.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* 7 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number} 157 E. Lombard St

*Cause of Death* First, (Primary,) Croup (neglected)

Second, (Immediate,) Chronic Cough

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* 1 October

*Undertaker,* Fred Geade.

*Place of Business,* 201 E. Baltimore St

G. A. Dohme M. D.
Medical Attendant.

*Address,* 86 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43674

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 24th 1880 — 6 P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Deitrich

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 8 *Years,* 8 *Months,* 17 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 60 S Central Ave

*Cause of Death* { First, (Primary,) } { Second, (Immediate,) } Diphtheria

*Duration of last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery.

*Date of Burial,* 27 of October.

*Undertaker,* Fred Gaede.

*Place of Business,* 29 S. Caroline St.

Augustus Sherbert M. D.
Medical Attendant.

*Address,* 11 S Wright St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

**Permit No.** 13675 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Wagner

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.}

*Age,* 66 *Years,* 1 *Months,* 14 *Days.*

*Color,*

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number} 181 E Madison St.

*Cause of Death* {First, (Primary,) Apoplexy

{Second, (Immediate,) Paralysis

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 26 27th

{*Undertaker,* H. Schuerheis

{*Place of Business,* 261 East Monument St

A Lattomus M. D.
Medical Attendant.

*Address,* 137 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 43676

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 25. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Reed

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt city.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 76 N. Eutaw St.

*Cause of Death* First, (Primary,) Scarlet Fever.

Second, (Immediate,) Dyphtheria and Scarlet Fever.

*Duration of last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Cathedral Cemetery

*Date of Burial,* Tuesday Oct 26/80

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St

H. Peterson M. D.
Medical Attendant.

*Address,* 175 Saratoga St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 13677 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. OCT 25 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 25th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Micheal Hackett

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} —

*Age,* — *Years,* — *Months,* Two *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Two days

*Place of Death,* {Give street and number.} 14 Laurel St.

*Cause of Death,* First, (Primary.) Premature birth.

Second, (Immediate.) Premature birth

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincents Cem

*Date of Burial,* Oct 25th 1880

*Undertaker, or* Thos. Hackett

*Place of Business,* 14 Laurel St

Wm. F. Norris M.D.,
Medical Attendant.

*Address,* 429 N. Eden st
Dispensary

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October, 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlott Barnett

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* Col'd

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

*Occupation,* House Wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 25 N Gallis St

*Cause of Death* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Leond Cemetery

*Date of Burial,* Oct 25 1880

*Undertaker,* William Nburger

*Place of Business,* No 62 East Street

A Ergenbright M. D.
Medical Attendant.

*Address,* 11 S. High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43679

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christeffeld Elizabeth Schultz

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 21 Years [redacted] *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} XX

*Occupation,* XXX

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 28 S. Regester St

*Cause of Death* First, (Primary,) Miscarriage

Second, (Immediate,) 6 mos.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,*

*Undertaker,* Henry Fröhlig

*Place of Business,* No 244 East Balt St

Chas E Trimble M. D.
Medical Attendant.

*Address,* 99 E Balt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* October 25, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Cook

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Male~~ Female

*Age,* 64 *Years,* ——— *Months,* ——— *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Crofts Ville Maryland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} No 10 Howard St

*Cause of Death,* First, (Primary,) Inflammation of Bowels

Second, (Immediate,) ———

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cemetery

*Date of Burial,* Oct 26

*Undertaker,* Mc Daniel

*Place of Business,* No 103 Lee St

J J Shultz M. D.
Medical Attendant.

*Address,* 266 S. Eutaw St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...completely filled in the blanks below. And to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

**Permit No.** 143681

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 26 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 24th October 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Holland

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co. Md

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and number} 713 W. Fayette St

*Cause of Death,* First, (Primary,) Organic disease of the Heart,

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Bello Cemetery

*Date of Burial,* 26th Oct. 1889

*Undertaker,* Stewart & Mann

*Place of Business,* 35 Park ave

C. H. Jones, M. D.
Medical Attendant.

*Address* 530 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43682

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Rose

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* — *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 103 S. Caroline St

*Cause of Death,* First, (Primary,) Dysentery

Second, (Immediate,)

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 26th 1880

*Undertaker,* Thos J Locke

*Place of Business,* E Jefferson St

O. W. Evans *M. D.*
Medical Attendant.

*Address,* 101 Gough St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 443683 443683 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 29. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Stanley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 1 2 *Days.*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 7 S. Bethel St.

*Cause of Death,* First, (Primary.) Trismus Nascentium

Second, (Immediate.) .....

*Duration of Last Sickness,* Three (3) days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 26 " 1880

*Undertaker,* Theo J Lockes

*Place of Business,* 13 Jefferson St

G L Wilkins M.D.,
Medical Attendant.

*Address,* 710 Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to the ...

# Board of Health, City of Baltimore.

Permit No. 43684

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 25th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis H. Hanson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 2 *Months,* Eleven *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No. 255 Eastern Ave

*Cause of Death* { First, (Primary,) .....
Second, (Immediate,) Cholera Infantum

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 26th

{ *Undertaker,* H. Frechlich
{ *Place of Business,* 244 Eastern Ave

W. J. Dulany M. D.
Medical Attendant.

*Address,* .....

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4 3685 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 25. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 26th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thomas

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* two *Months,* ..... *Days.*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 43 N. Sharp St

*Cause of Death,* First, (Primary.) Marasmus.

Second, (Immediate.) .....

*Duration of Last Sickness,* sick from birth

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemy

*Date of Burial,* Oct 26th 1880

*Undertaker,* John B. Jordan

*Place of Business,* .....

Jno. S. Lamb *M.D.,* Medical Attendant.

*Address,* Park Ave & Mulberry St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 43686

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 20 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* October 23 rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Johnson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Forty three *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laundress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Talbot County Md

*Duration of Residence in the City of Baltimore,* Forty two Years

*Place of Death,* {Give street and number} 6, Plum alley

*Cause of Death,* First, (Primary,) Malaria

Second, (Immediate,) Typhoid Dysentery

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct. 26th 1880

J. L. Dyer M. D.
Medical Attendant.

*Undertaker,* Geo H. Pentzdell

*Place of Business,* 130 Hanover St *Address,* 146 Hill st

DAY

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43687

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 25 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Adams

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* 7 *Days.*

*Color,* Col'd

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* { Give street and number } 101 Hill St.

*Cause of Death* { First, (Primary,) Idiopathic Tetanus
Second, (Immediate,) 3 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct. 26th 1880

*Undertaker,* Geo. H. Robinson

*Place of Business,* 120 Hennet Pl. 24

R. M. Hall *M. D.*
Medical Attendant.

*Address,* 262 E. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. #43688 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

*Date of Death,* Oct 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Martin

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 2 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 52 West St

*Cause of Death,* First, (Primary.) Premature Birth 2 hrs

Second, (Immediate.) asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Oct 26th 1880

*Undertaker,* B. Hall

*Place of Business,* ~~~

James A Steuart M.D.,
~~Medical Attendant~~

*Address,* Comm of Health
Physician

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd John E. Burdine

**Permit No.** 43689

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 24 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Hankins

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Two *Years,* *Months,* *Days.*

*Color,* Black *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Two years

*Place of Death,* {Give street and number.} Rear of 70 Etting st

*Cause of Death,* First (Primary,) Tuberculosis

Second (Immediate,) Debility

*Duration of Last Sickness,* Three week

All the above information should be furnished by the Physician.

*Place of Burial,* Leon Cemetery

*Date of Burial,* Oct 26 1880

Joseph T. Smith M. D.
Medical Attendant.

*Undertaker,* William Dunge

*Place of Business,* No 62 East Street *Address* 253 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43690

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* October 25 '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Odenwald

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bavaria, Germany

*Duration of Residence in the City of Baltimore,* 39 years

*Place of Death,* {Give street and number.} 673 N. Lombard St

*Cause of Death,* First, (Primary.) Cancer of Uterus

Second, (Immediate.) " " "

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Oct 27th 1880

*Undertaker,* Peter Kummert

*Place of Business,* 317 Mulberry

W. C. Reeside M.D.,
Medical Attendant.

*Address,* W. Fayette & Calvert Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. ~~43691~~ #43691 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* October 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Quiggenen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Asylum of the Little Sisters of the Poor Cor. John and Valley Street

*Cause of Death,* First, (Primary.)

Second, (Immediate.) consumption

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* October 27th 1880

Jno. Boyle M.D.,

Medical Attendant.

*Undertaker* George Schilling,

*Place of Business,* Cor. Aisquith & Monument Sts. *Address,* 166 E. Eager St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

Section 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

# Board of Health, City of Baltimore,

Permit No. 43692

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Joseph Bockmyer

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 2 *4 Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Single Widow Widower

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} B City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 92 Somerset St

*Cause of Death* { First, (Primary,) Marasmus — Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Octob 27, 1880

Henry Miller M. D.
Medical Attendant.

*Undertaker,* Henry Hecht

*Place of Business,* 309 Central Ave *Address,* 179 E. Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43693

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 25th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rach

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Eight *Years,* Four *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Inmate of Asylum

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City of Baltimore

*Duration of Residence in the City of Baltimore,* Eight Years & from mo

*Place of Death,* {Give street and number.} St. Anthony & Lemon asylum and Lyon Central av. S. Eager st

*Cause of Death,* First, (Primary.) Pulmonia Haemorrhagica

Second, (Immediate.) Convulsions & Cerebral effusion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Oct 27 1880

Thos. N. Worthington M.D.,
Medical Attendant.

{*Undertaker,* Henry Hook
*Place of Business,* 309 Central ave *Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43694

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph W Kenney

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 83 Hanford Ave

*Cause of Death,* First, (Primary.) Diphtheritic Croup

Second, (Immediate.) 16 hours

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct. 26th 1880

*Undertaker,* D. C. Wiedefeld

*Place of Business,*

Wm. Wootton Kemp M. D.
Medical Attendant.

*Address,* 16 E. Eager

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43693 #43695 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 26. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Miles

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* — *Months,* — *Days.*

*Color,* Col'd

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} No 9 Bolton St

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) dropsy

*Duration of Last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 27th 1880

*Undertaker,* Kennedy & Madden

*Place of Business,* # 116 Orchard st

G Lane Tanyhill M.D.,
Medical Attendant.

*Address,* 129 N Bridle

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Ann Boislor

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 84 *Years,* ——— *Months,* ——— *Days.*

*Color,*

*Married,* ~~Single,~~ *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number} 1140 N Eutaw

*Cause of Death* First, (Primary,)

Second, (Immediate,) Rheumat Gout

*Duration of last Sickness,* 9 months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 26th 1880.

*Undertaker,* Wm H. Hickman

*Place of Business,* 234 & 236 Lay St.

E. T. Coyner M. D.
Medical Attendant.

*Address,* 134 N High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43.697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hennuller

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widowed or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Cabinet Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Seven Years

*Place of Death,* {Give street and number} 80 Hanover St

*Cause of Death* { First, (Primary,) Consumption
Second, (Immediate,) Six months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. [redacted] Phillips

*Date of Burial,* Oct 27 - 1880

*Undertaker,* Chas "Lahlee

*Place of Business,* 244 E. Lombard

B F Phillips M. D.
Medical Attendant.

*Address,* 327 N. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 43698

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Roberson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 22 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} unknown

*Occupation,* unknown

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} unknown

*Duration of Residence in the City of Baltimore,* unknown

*Place of Death,* {Give street and number} City Hospital

*Cause of Death,* First, (Primary,) Mania

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 1½ weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Dublic Ave.

*Date of Burial,* Oct 27 1880

*Undertaker,* P. Mullen

*Place of Business,* .....

J. H. Buchanan M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

SAFETY FILM

Permit No. 43697 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 26, 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 25 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine E. Schmidt

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 4 *Years,* 7 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Since

*Place of Death,* { Give street and number. } 22 Conway

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diphtheria

*Duration of Last Sickness,* 9 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 28 80

*Undertaker,* Andrew Dey

*Place of Business,* No 268 Light

Theodore Cook M.D.,
**Medical Attendant.**

*Address,* 146 Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK S

Permit No. 4[illegible] #43700 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 26 1880 BALTIMORE.

# CERTIFICATE OF DEATH

*Date of Death,* Oct 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Barrett

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 373 S Eutaw St

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Asphyxia Acute Dropsy

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Oct 26th 1880

*Undertaker,* C F Kramer

*Place of Business,*

Geo Carter M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT. 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct- 20th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Haines

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* — *Months,* — *Days.*

*Color,* Colile *Sex,*

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Edwards City,

*Duration of Residence in the City of Baltimore,* Several weeks

*Place of Death,* {Give street and number.} St Vincents Hospital

*Cause of Death,* First (Primary,) Colloid Cancer of Peritoneum

Second (Immediate.)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Oct 27th 1880

*Undertaker,* Chas. B. Coates

*Place of Business,* No 707 N. Baltimore street

Hamilton Reid, M. D.
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43702

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 25, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Woods

*Sex, Male or Female,* {cross out the word not required in this line.} Fem

*Age,* 2 *Years,* 3 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2 3/12 yrs

*Place of Death,* {Give street and number} 562 Light St

*Cause of Death,* First, (Primary,) Exzema of scalp & Extremities

Second, (Immediate,) Paralysis of heart &c

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 27

R. B. Fishburne M. D.
Medical Attendant.

*Undertaker,* B. Hardy

*Place of Business,* 42 West St. *Address,* Cor. Light & Cross.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below. [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43703

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* October, 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Tallmer

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* Home Wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 13 Months

*Place of Death,* {Give street and number} 645 N Baltimore St

*Cause of Death* {First, (Primary,) Second, (Immediate,)} Chronic Valvular Disease of Heart

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* 27

*Undertaker,* Ernst Gehlman

*Place of Business,* 200 Sharp St.

A Lee Chesney M. D.
Medical Attendant.

*Address,* 11 S Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43704

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 24

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Enoch J Watkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Boy.

*Age,* Over One Year Years, *Months,* *Days.*

*Color,* Black. *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Chestnut & 97.

*Cause of Death,* First (Primary,) Pneumonia.

Second (Immediate,) Convulsions.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct 26 1880

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga St

John A Lehnts M. D.
Medical Attendant.

*Address* 126 Car Lough & Eden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43705 ~~43705~~ *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 26. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Kuhn

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*~~Color~~,*

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoe maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 24 years

*Place of Death,* {Give street and number.} No 115 Biddle St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* A number of years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* October 28, 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

W. W. White, *M.D.,*
Medical Attendant.

*Address,* 74 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 25th, 1880,

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Blackwood,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male,

*Age,* 30 *Years,* 0 *Months,* 1 *Days.*

*Color,* White, *Sex,* —

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single,

*Occupation,* Fireman on Steamer,

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} County Galway, Ireland,

*Duration of Residence in the City of Baltimore,* 28 Years,

*Place of Death,* {Give street and number.} 37 Hanbert St.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis,
Second (Immediate,) Exhaustion,

*Duration of Last Sickness,* 4 Years,

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick Cemetery

*Date of Burial,* October 27, 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

P. J. Sullivan, M. D.
Medical Attendant.

*Address* 116 Thames St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 23 October 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Morris

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bay View Asylum

*Duration of Residence in the City of Baltimore,* Intantine 1 month

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* { First, (Primary,) Marasmus
Second, (Immediate,) .....

*Duration of last Sickness,* Sick when received

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 26 Oct. 1880

*Undertaker,* Wm Bannigan

*Place of Business,* 158 Division St.

Anthony Dorsey *M. D.*
Medical Attendant.

*Address,* 68 N Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 163708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 25th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Smith

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.}

*Age,* 45 *Years,* —— *Months,* —— *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give street and number} No 227 Church St.

*Cause of Death* First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 3 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pablic Cemetery

*Date of Burial,* Oct 27 1880

*Undertaker,* L. A. Kerchner

*Place of Business,* ——

F. J. Flanery M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43709

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Christina Rieker

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* 33 *Years,* 3 *Months,* 2 *Days.*

*Color,* White *Sex,* F

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeping

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 24 yrs

*Place of Death,* {Give street and number.} 6 Little Calhoun St

*Cause of Death,* {First (Primary,) Puerperal Fever

{Second (Immediate,)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* October 27th 1880

A. C. Pole M. D.
Medical Attendant.

{*Undertaker,* Andrew Foltz

{*Place of Business,* 115 Druid Hill Ave *Address* Boundary Ave near Druid Hill Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. [illegible] Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

OCT 27 2 1880 BALTIMORE

#43710

# CERTIFICATE OF DEATH.

*Date of Death,* October 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Lambie

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 28 Days.

*Color,* White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* Baltimore Life

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 11 N Freeman St

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* All her life

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 27th 1880

*Undertaker,* Jno W. Weaver & Co

*Place of Business,* 22 Fayette St *Address,*

James A Adams M.D.,

~~Medical Attendant~~

Registrar

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Taylor V. Inspector

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 113711

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Barock

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 6 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 466 E Biddle St

*Cause of Death,* First, (Primary.) Scarlet fever

Second, (Immediate,) Dropsy

*Duration of last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cte.

*Date of Burial,* October 27th 1880

Sam'l J Beck M. D.
Medical Attendant.

*Undertaker,* Henry Hoeck

*Place of Business,* 309 Central Ave. *Address* 134 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43712 #43712 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 27 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Conlon

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* 10 *Months,* 1 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ballo. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 119 Peach Alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

*Duration of Last Sickness,* 14 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 28.

*Undertaker,* B. Hait

*Place of Business,* 82 West St.

R. J. N. Tall M.D.,
Medical Attendant.

*Address,* 142 E. Shaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43718

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton S. Foster

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 9 Months, 25 Days.

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 75 E. Biddle St

*Cause of Death,* First (Primary,) Whooping Cough

Second (Immediate.) Pneumonia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet R. G. Watson M. D.

*Date of Burial,* Oct 27th 1880 Medical Attendant.

*Undertaker,* Chas. T. Scriven *Address* 437 N. Central Ave.

*Place of Business,* No 271 N Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Madden

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 72 *Years,* ——— *Months,* ——— *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Waiter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} ———

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} 342 Mayne

*Cause of Death* {First, (Primary,) by Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetary

*Date of Burial,* Oct 27

*Undertaker,* Abraham Hayman

*Place of Business,* No 13 Saratoga st

Jno. A. Clark M. D.
Medical Attendant.

*Address,* 168 E Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 27 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Baker

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 32 *Years,* 10 *Months,* 18 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number} 403 Eutaw Place

*Cause of Death* {First, (Primary,) Child Birth

{Second, (Immediate,) Puerperal Septicaemia

*Duration of last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 28th Oct. 1880

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St.

W. B. Griffith M. D.
Medical Attendant.

*Address,* 216 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 43716

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Tobbs

*~~Sex, Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 23 *Years,* —— *Months,* —— *Days.*

*Color,* Black

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 23 yrs

*Place of Death,* {Give street and number} No 20 Little Pine

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 5 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Oct 27th 1880

*Undertaker,* Wm J Fickes

*Place of Business,* 73 Jefferson St

F. J. Flannery M. D.
Medical Attendant,

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 27, 1880 BALTIMORE

*Date of Death,* October 26: 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Asbury Richardson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* 6 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 79 S Durham

*Cause of Death* { First, (Primary,) Scarlatinia / Second, (Immediate,) Cachexia

*Duration of last Sickness,* Six Weeks. Can it 4 or 5 weeks ago.

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury M Ground

*Date of Burial,* Oct 27 1880

*Undertaker,* Wm J Cook

*Place of Business,* 73 Jefferson st

James E Donnelly M. D.
Medical Attendant.

*Address,* 997 E Baltimore Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43718 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Friesner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 2 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 203 S. Fremont Ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlet Fever.

*Duration of Last Sickness,* one week.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 27

*Undertaker,* Henry Priebe

*Place of Business,* Henrietta St 81

Dr. J. H. Fall M.D.,
Medical Attendant.

*Address,* 15 S Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. #43719 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Manslace

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* 11 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 391 Caroline ave.

*Cause of Death,* First, (Primary.) Scarlatina Anginosa

Second, (Immediate.)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sct Paulus Cemetery

*Date of Burial,* Oct 27th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

R. D. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. #43720 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26/80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Marsland

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number. } 391 Canton av.

*Cause of Death,* First, (Primary.) Scarlatina Maligna

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Fel Pauls Cemetery

*Date of Burial,* Octr 27th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 26 y Canton Ave

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 43721

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Albert Peters

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 8 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Martinsburg

*Duration of Residence in the City of Baltimore,* visiting

*Place of Death,* {Give street and number} 33 S. Sticker St.

*Cause of Death,* First, (Primary,) Pneumonia.

Second, (Immediate,) Meningitis

*Duration of last Sickness,* Twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* Fredericktown Md

*Date of Burial,* Oct 28th 1880

*Undertaker,* Chas. B. Gaither

*Place of Business,* No 707 N. Baltimore street

John Neff M. D.
Medical Attendant.

*Address* 12 So Carrollton Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Printed 1884

[OVER.]

*Permit No.* 45725

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Miller Cook

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 7 *Months,* 22 *Days.*

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

*Color,* *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 9 yrs 7 Mo 22 days

*Place of Death,* {Give street and number.} No 113 N Fremont St.

*Cause of Death,* First (Primary,) Typhoid Fever

Second (Immediate,) & Phthisis Pulmonalis

*Duration of Last Sickness,* 6 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Oct 28th 1880

*Undertaker,* Jos. M. Cook

*Place of Business,* No 707 N. Baltimore street

Wm J H Larkin M. D.
Medical Attendant.

*Address* No 163 W Fayette St-
Balto Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 43728

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, October 26 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James W. Rowland

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 84 Years, Months, Days.

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Union Prot Infirmary

Cause of Death { First, (Primary,) Senile Decay
Second, (Immediate,)

Duration of last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Laudenbach Cem

Date of Burial, Oct 29 Chas Jarrett M. D.
Medical Attendant.

{ Undertaker, Henry A Mann
{ Place of Business, 36 East Address, 92 Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 46124 #43724 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

*Date of Death,* 26th Oct. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Wiles

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* 2 *Months,* *Days.*

*Color,* M

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Blacksmith

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 96 Hull st

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate.)

*Duration of Last Sickness,* 4 hours

**All the above information should be furnished by the Physician.**

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 28th 1880

*Undertaker,* John L Thacher

*Place of Business,* Locust Comdt

H. W. Webster M.D.,

**Medical Attendant.**

*Address,* 57 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Boar[illegible] Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis Hahn

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 182 Conway st

*Cause of Death* First, (Primary,)

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park ch.

*Date of Burial,* Oct 28th 1880

D. P. Hoffman M. D.
Medical Attendant.

*Undertaker,* John Hacker

*Place of Business,* No 150 Canton Av *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43726

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 27th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John M. Robinson

*Sex, Male or Female,* { cross out the word not required in this line. } ~~Male~~ Female

*Age,* 58 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ Widow ~~or Widower~~

*Occupation,* Laborer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

*Duration of Residence in the City of Baltimore,* 40 Years

*Place of Death,* { Give street and number } 403 E. Eager St.

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,) .....

*Duration of last Sickness,* 3 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Oct 28 1880

*Undertaker,* Fry Bros

*Place of Business,* Fayette & Eutaw

E. B. Fenby M. D.
Medical Attendant.

*Address,* 319 N. Central Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City ... Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Quinn

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* — *Years,* 22 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 11 Hall St.

*Cause of Death,* First, (Primary,) Scirrhus

Second, (Immediate,)

*Duration of last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct 27th 1880

Henry M. Arnold M. D.
Medical Attendant.

*Undertaker,* Henry W. Mears

*Place of Business,* 115 N. Gay St *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 48728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Oct. 26th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Riley

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ Years, 20 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} # 223 S. Bond St

Cause of Death, First, (Primary,) Basilar Meningitis

Second, (Immediate,)

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Oct. 27th

John H. Pehlergen M. D.
Medical Attendant.

Undertaker, Wm. Lyndon

Place of Business, 252 Lombard Address, #243 Aisquith St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43729

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 27 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* 27th Oct. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josie Broening

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 174 S. Charles

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 26 - 1880

*Undertaker,* C F Krause

*Place of Business,*

H. W. Webster M.D.,
Medical Attendant.

*Address,* 57 Barre st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45[illegible] ...Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 27 1890 BALTIMORE.

#43730

# CERTIFICATE OF DEATH.

*Date of Death,* October 27. 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Forde

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All of Child

*Place of Death,* {Give street and number.} 1 Rickett Court

*Cause of Death,* First, (Primary.) Hydrocephalus

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Jewish Cemetery

*Date of Burial,* Oct 28

*Undertaker,* Whitte owens

*Place of Business,* 225 S Eutaw St

W. S. Bonzo *M.D.,*

Medical Attendant.

*Address,* 202 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 28 1890 BALTIMORE

Permit No. 43781

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Celia L. Moller

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* One *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Norway

*Duration of Residence in the City of Baltimore,* 5 mos.

*Place of Death,* {Give street and number} 225 South Broadway

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Five months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 28th

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Av

E. B. Button, M. D.
Medical Attendant.

*Address,* 57 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 27th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Spencer

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 7 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Frederick City

*Duration of Residence in the City of Baltimore,* About 6 Years

*Place of Death,* {Give street and number} No 4 North St

*Cause of Death* { First, (Primary,) ..... Membranous Croup
Second, (Immediate,) ..... 2 days

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick City

*Date of Burial,* October 28th 1880

*Undertaker,* Saml. M. Chase

*Place of Business,* Howard & Hill *Address,* 552 W. Fayette St

J. McCormick M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Infant 1935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43733

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Daughety

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 2 yrs 10 mos *Years,* 10 *Months,* *Days.*

*Color,* White *Sex,* Female

~~*Married,*~~ *Single, Widow or* ~~*Widower,*~~ { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } 76 Lemmon St Baltimore

*Duration of Residence in the City of Baltimore,* 2 yrs 10 Months

*Place of Death,* { Give street and number. } 76 Lemmon St

*Cause of Death,* { First (Primary,) Whooping Cough / Second (Immediate,) Pneumonia

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery 1526 E Saratoga *M. D.*

*Date of Burial,* Oct 28 Medical Attendant.

*Undertaker* J B Cook

*Place of Business,* 707 W Pratt *Address* 163 N Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43734 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Hoffman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 11 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 22 Fountain Street

*Cause of Death,* First, (Primary.) Croup

Second, (Immediate.)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Oct 28th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 66 S. Broadway *Address,*

James T. Shaw M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. OCT. 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cafandre J. Taylor

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 127 Biddle St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 308 N Washington St

*Cause of Death* {First, (Primary,) Congestion Croup & Pleurisy
Second, (Immediate,) Unknown

*Duration of last Sickness,* about 48 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Thur Oct 28

*Undertaker,* J. B. Leask

*Place of Business,* 707 W. Baltimore

E. Jo. Dunn M. D.
Medical Attendant.

*Address,* 1 Eutaw Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1880 BALTIMORE, MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Tobin

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 46 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give street and number} No 10 Constitution st

*Cause of Death,* First, (Primary.) Phlegmasia

Second, (Immediate,) Hypertrophy of Heart

*Duration of last Sickness,* One years

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Oct 29 1880

*Undertaker,* James P Byrne

*Place of Business,* No 63 n Front St

A P Gaels M. D.
Medical Attendant.

*Address,* 137 N. Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 26 — 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Pfeifer

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 52 *Years,* 5 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 10 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 23 Shakespeare St.

*Cause of Death,* First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 6 Wks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Nicholas Cem.

*Date of Burial,* Oct. 28 th

Frank P. Smith M. D.
Medical Attendant.

*Undertaker,* W. Gilbert

*Place of Business,* 1 Broad St. 151 *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evaline Schrode

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bavaria

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} 32 Somerset St.

*Cause of Death,* First, (Primary,) Chronic dysentery

Second, (Immediate,) general debility

*Duration of last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alfonsus Cemetery

*Date of Burial,* 29 Oct 1880

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Jay St. *Address,* Hole & Eager Sts.

Rev. Brooke Boyle M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 23 1880
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother's name - Alice Cook

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* Full term foetus, lived Years, Months, Half Hour Days after birth.

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maternité 161 W. Lombard St.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Maternité 161 W. Lombard St.

*Cause of Death,* First, (Primary,) Debility of mother's labor.

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Used for Medical purposes U. of M.

*Date of Burial,* Autopsy

*Undertaker,*

*Place of Business,*

Spencer M. Free M. D.
Medical Attendant.

*Address,* 161 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[CV2R.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OCT 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 23rd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mother's Name Millie Morgan.

*Sex, Male or Female,* {cross out the word not required in this line.} Male.

*Age,* ~~Years,~~ 15 minutes after delivery Months, foetus. Days.

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* ✓

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Maternite, 161 W. Lombard st

*Duration of Residence in the City of Baltimore,* ✓

*Place of Death,* {Give street and number} Maternité, 161 W. Lombard St.

*Cause of Death,* First, (Primary,) Premature birth.

Second, (Immediate,) ✓

*Duration of last Sickness,* ✓

All the above information should be furnished by the Physician.

*Place of Burial,* Used for anatomical purposes by U. M. S.

*Date of Burial,*

*Undertaker,*

*Place of Business,*

Spencer M. Free M. D.
Medical Attendant.

*Address,* 161 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 13741

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 30 [illegible]

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Wagner

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 20 *Years,* 2 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Dress Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cassyl Co Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 79 Patterson Ave

*Cause of Death,* First, (Primary.) Consumption of Lungs

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Oct 28 1880

*Undertaker,* Meeth & Shields

*Place of Business,* 60 N Carrollton ave

C W Towers *M. D.*
Medical Attendant.

*Address,* Cor Stricker & Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 28. 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 27 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wurzbacher

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 55 *Years,* 2 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Shoemaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Years.

*Place of Death,* {Give street and number} 194 Cross St

*Cause of Death* { First, (Primary,) Emphysema
Second, (Immediate,) Chronic Bronchial Catarrh. Cyanosis
Disease years

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Oct 29th 1880

Abram B Arnold M. D.
Medical Attendant.

*Undertaker,* Culleys Koehler

*Place of Business,* Shaw & Cross St *Address,*

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43743 43743 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly M. Richards

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 39 Covington st

*Cause of Death,* First, (Primary.) Pertussis

Second, (Immediate.) Convulsion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons Cemetery

*Date of Burial,* October 29

*Undertaker,* B. Hoile

*Place of Business,* 82 West St.

W. P. Elder M.D.,
Medical Attendant.

*Address,* 316 Light st.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART... OCT 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Louisa Williams

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* Sixty Five *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} No. 18 Boyer St

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Consumption

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* October 29th 1880

Wm H Clendinen, M. D.
Medical Attendant.

*Undertaker,* H. A. Daiger

*Place of Business,* 74 S. Broadway

*Address,* No 102 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 13745

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine & M. Rowlen Parents

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/2 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Co Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 390 Hanover St

*Cause of Death,* First, (Primary.) Premature Birth (5 mos

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Oct 28th 1880

*Undertaker,* James P. Byrne

*Place of Business,* Fayette St

James H Steuart M.D.,

*Address,* Commiss of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by L. E. Burdsall

Permit No. 43746 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 27. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M. Sarratt,

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 9 *Years,* *Months,* *Days.*

*Color,* white

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Ship Joiner

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 110 S. Duncan St.

*Cause of Death,* First, (Primary.) Pericarditis Acuta

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem. G. Blundell Lee M.D.,

*Date of Burial,* Oct 29th 80 Medical Attendant.

*Undertaker,* M. Franck

*Place of Business,* 280 Conway *Address,* Balt.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43747

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. OCT 28 1880 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* October 24-80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Kane

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 11 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 236 West St

*Cause of Death,* First, (Primary.) Burns

Second, (Immediate.) Nervous Prostration

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Franklin St. Cemetery

*Date of Burial,* Oct. 29th 1880

*Undertaker,* Geo. H. Perkins Jr. & Co.

*Place of Business,* 120 Henrietta St.

R. A. R. Ellis *M.D.,*

Medical Attendant.

*Address,* 315 Light St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43748 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Massey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 5 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Back yd 273 Hughes St

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* within a few hours.

All the above information should be furnished by the Physician. Attending Physician -

*Place of Burial,* Laurel

*Date of Burial,* 28th Oct

*Undertaker,* Jas Perkins & Co

*Place of Business,* 130 N Eutaw St

D. A. Bell M.D.,

Medical Attendant.

Coroner 2d Dist.

*Address,* 161 E Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 27. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian David Edwards

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Canoe Co

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} N. Gilmor st near Baker

*Cause of Death,* First (Primary,) Intemperance

Second (Immediate.) Apoplexy

*Duration of Last Sickness,* a few moments

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 28th 1880

*Undertaker,* Ed Selby

*Place of Business,* Balt Co

Alexander Tinsley M. D.

~~Medical Attendant~~

*Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43750

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Huggins.

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* 48 *Years,* *Months,* *Days*

*Color,* White.

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore County,

*Duration of Residence in the City of Baltimore,* 28 Years.

*Place of Death,* {Give street and number.} W. cor of Green & Columbia Ave.

*Cause of Death,* First (Primary,) Cerebral Syphilis,

Second (Immediate,)

*Duration of Last Sickness,* Not Known and unable to Speak.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 29 October

*Undertaker,* C. H. Blizzard

*Place of Business,* 34 Columbia Ave

John L. L. Kozn M.D.
Medical Attendant.

*Address,* City.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43751

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas G Ames

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* — *Years,* 10 *Months,* 7 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 7 Months

*Place of Death,* {Give street and number} 33 Arch St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Meningitis

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct Oct 30

*Undertaker,* H. Pue & Sons

*Place of Business,* 94 Lombard

J. A. Gillin M. D.
Medical Attendant.

*Address,* 150 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43752

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 29 Oct 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Carrie Pitts

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 25 *Years,* 5 *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Milliner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number} 17 N Howard St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 30th 1880

J. Lee Page M. D.
Medical Attendant.

*Undertaker,* Jos. R. Cook

*Place of Business,* No 707 W Baltimore Street

*Address,* 21 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43753

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT. 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ann Pitt

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 34 years

*Place of Death,* {Give street and number.} 9 Lloyd St

*Cause of Death,* First (Primary,) (Suicide)

Second (Immediate,) Severing Jugular Artery & Windpipe

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. County

*Date of Burial,* Oct 31/80.

*Undertaker,* D. H. Roaring

*Place of Business,* 97, Orleans

Alexander Tinsley *M. D.*
~~Medical Attendant.~~

*Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hanna

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* 21 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Potomac St between Odonnell & Elliott St

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 3 Potomac St

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,) Marasmus Spasmus

*Duration of last Sickness,* 3 month

All the above information should be furnished by the Physician.

*Place of Burial,* Balt cemetery

*Date of Burial,* Oct 30 1880

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front

J E Richard M. D.
Medical Attendant.

*Address,* 58 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT. 29. 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 28th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Purnus B. R. Marcellette.

~~Sex,~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,*

*Married,* ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* Three years.

*Place of Death,* {Give street and number.} no 11 Clay St.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* Five months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Oct 30th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 456 Druid Hill Ave

W. H. Stone M. D.
Medical Attendant.

*Address* No 16 E. Lexington St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 29th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva E Krug

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 48 *Years,* 11 *Months,* 9 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* For 20 years

*Place of Death,* {Give street and number} 63 Myrtle ave

*Cause of Death,* First, (Primary,) Cardiac disease

Second, (Immediate,) General Dropsy, inanition

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 1 30

H. G. Krug M. D.
Medical Attendant.

*Undertaker,* Walter Ames

*Place of Business,* 252 W Baltimore *Address,* 53 N. Green St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 43757

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 28 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jerry Shea

~~*Sex, Male or Female,*~~ { Cross out the word not required in this line. }

*Age,* 1 *Years,* 5 *Months,* ——— *Days.*

*Color,* White

*~~Married, Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } State

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* { Give street and number. } #11 E. Fayette

*Cause of Death,* First, (Primary.) Diphtheritic croup

Second, (Immediate.) Paralysis cordis

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Aloysius Cemetery

*Date of Burial,* Oct. 31st 1880

*Undertaker,* Michael Funk

*Place of Business,* 35 Market

J. Shutte M.D.,
Medical Attendant.

*Address,* 245 E. Baltimore

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43758 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43758

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT. 20. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Trillie

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 43 Years

*Place of Death,* {Give street and number.} 11 Hamilton St.

*Cause of Death,* First, (Primary.) Heart Disease (Aortic Stenosis)

Second, (Immediate.) Congestion of the Lungs

*Duration of Last Sickness,* Heart disease 5 days Congestion

All the above information should be furnished by the Physician.

*Place of Burial,* Balt - Dayon

*Date of Burial,* Oct 30. Zodiac

*Undertaker,* [illegible] Brantz

*Place of Business,* 8 Hamilton

Wheeler Ed. M.D.,
Medical Attendant.

*Address,* 160 N Fremont St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 28 — 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lula A. Pohlman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 8 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 533 Franklin st.

*Cause of Death,* First, (Primary.) Typhoid fever

Second, (Immediate,) Cerebral Hyper-Convulsions with

*Duration of last Sickness,* One week actual Symptoms

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Oct 31/80

*Undertaker,* Denny & Mitchell

*Place of Business,* 53 W. Fayette St

Edmund Mitchell M. D.
Medical Attendant.

*Address,* 64 E. Pleasant St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43760

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. W Read

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 27 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* R R Employee

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 12 yrs

*Place of Death,* {Give street and number} City Hospital

*Cause of Death,* First, (Primary,) R R Accident

Second, (Immediate,) Shock

*Duration of last Sickness,* 5 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Virginia

*Date of Burial,* Oct 31st 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St

J K Bruchaw M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1938 Transit

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E Legg

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 36 *Years,* 2 *Months,* *Days.* 7

*Color,* ~~Consumption of Liver~~

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 562 W. Lombard St

*Cause of Death* {First, (Primary,) Cirrhosis of Liver / Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Seven Months &

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 30th 1880

*Undertaker,* Armstrong Dunn

*Place of Business,* 263 Light St

A. W. Cothran M. D.
Medical Attendant.

*Address,* 343 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Dinan

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 42 *Years,* — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Slate Cutter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* {Give street and number} 17 Wilson St

*Cause of Death* { First, (Primary,) Heart Disease
Second, (Immediate,) (Enlargement of Heart Contd)

*Duration of last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct 31st 1880

*Undertaker,* James P Burns

*Place of Business,* No 63 N Front St

Silas H Hanson M. D.
Medical Attendant.

*Address,* 36 Exeter Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

OCT 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 27, 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Ware

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 2 *Years,* 2 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } No. 1160 E. Monument St.

*Cause of Death* { First, (Primary,) Croup

Second, (Immediate,)

*Duration of last Sickness,* 11 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Oct. 29, 1880

*Undertaker,* M. A. Dayer

*Place of Business,* 74 S. Broadway

J. H. Cole M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 43764

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 27th October 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W Lee.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Thirty Seven (37) *Years,* *Months,* *Days.*

*Color,* Colored.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Waiter.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Cambridge. Maryland.

*Duration of Residence in the City of Baltimore,* Seventeen (17) Years.

*Place of Death,* {Give street and number.} No 19. Hamburton St. Baltimore.

*Cause of Death,* First, (Primary.) Tonsilitis & Pharyngitis. (Quinsy)

Second, (Immediate.) Death Sudden. Cerebral Effusion.

*Duration of Last Sickness,*

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Octo. 29th 1880

*Undertaker,* W.H. Bishop Jr.

*Place of Business,* 97 Druid Hill Ave

John. P. Van Bibber M.D.,
Medical Attendant.
per M.C.V.B.,

*Address,* 47 Franklin St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 27 Oct 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Catharine Newbach

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* *Years,* 7 weeks *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 3 weeks

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of last Sickness,* When admitted

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Oct 29 1880 Charles Brewer M. D.

Medical Attendant.

*Undertaker,* Fred'k A. Kirchner

*Place of Business,* 50 S. Carroll Ave *Address,* 68 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 28th 1880 At One o'clock P.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Scott

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 2 *Months,* 21 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 241 Dover Street

*Cause of Death* {First, (Primary,) Dysentery

Second, (Immediate,) 7 days

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* Oct. 29th 1880

*Undertaker,* Jas. W. Chase

*Place of Business,* Howard & Hill Sts.

C. C. Richardson M. D.
Medical Attendant.

*Address,* 294 W. Lombard Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43767

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 28th 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. B. Bei Schlumme

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 1 *Months,* 28 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 3 y 1 m. 28 days

*Place of Death,* {Give street and number} 36 Portland st

*Cause of Death* First, (Primary,) Membranous Croup;

Second, (Immediate,) One week

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 30th 1880

*Undertaker,* John S Marcher

*Place of Business,* 150 Caroline

H. A. Spicer M. D.
Medical Attendant.

*Address,* 387 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evangelina Bruning

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* 50 *Years,* — *Months,* — *Days*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Lady

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 725 Eden St

*Cause of Death,* {First (Primary,) 2 Epilepsy

Second (Immediate,) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Nov 1st 1880

*Undertaker,* Thos J Hughes

*Place of Business,* 611 E Balto

Chas. M. Wolff M.D.

Coroner E.D. (~~Medical Attendant.~~)

*Address,* 69 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43769 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 43769

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* October 28th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Friessner

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 1 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 203 S. Fremont St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlet Fever

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 30th

*Undertaker,* H. Brice

*Place of Business,* Pratt St 81

R. J. N. Tall M.D.,
Medical Attendant.

*Address,* 152 Shroeder St.

HEALTH DEPARTMENT OCT 1880 BALTIMORE

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

#43770

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

*Date of Death,* October 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Ortman

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* *Months,* Five *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 414 Aliceanna St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Morphine Poisoning—accidentally administered

*Duration of Last Sickness,* 17 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Oct 30th 80

*Undertaker,* M. Frances

*Place of Business,* 280 Canton Ave *Address,* 770 Broadway

C. L. Heitkam M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43771

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Watson

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 45 *Years,* — *Months,* — *Days*

*Color,* Colored

*~~Married~~, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Widower

*Occupation,* Cart Driver

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Sum Hill Va

*Duration of Residence in the City of Baltimore,* abt 20 Yrs

*Place of Death,* {Give street and number.} No 1 Raymond Alley

*Cause of Death,* {First (Primary,) Heart Disease; Second (Immediate,) Apoplexy}

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct. 29. 1880

*{Undertaker,* Charles A. Mish

*{Place of Business,* 35 S. Eutaw St.

Geo. W. Marsh M.D.
Coroner E.D.
Medical Attendant.

*Address,* 67 Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT. 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Giudice

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 39 E Durham St

*Cause of Death* { First, (Primary.) Marasmus
, { Second, (Immediate,)

*Duration of last Sickness,* two Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Marks

*Date of Burial,* Oct 30 /

*Undertaker,* W. C. Bibee

*Place of Business,* 151 Bond St.

E. Wax *M. D.*
Medical Attendant.

*Address,* 19 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13773

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philipina Friis Female

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* About 62 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 73 Stockholm

*Cause of Death* { First, (Primary,) Bright's Disease of Kidneys
Second, (Immediate,) Cor. Clots

*Duration of last Sickness,* 6 or 8 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* October 31 1880

*Undertaker,* Philipp J. Dill

*Place of Business,* 183 Columbia Ave

Jno. T. Hall M. D.,
Medical Attendant.

*Address,* 161 Lancaster

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 29 th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Scott

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Sixty four *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Lamplighter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 194 E Bethel street

*Cause of Death,* First, (Primary,) Congestion of the lungs

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* About five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Oct 31st

*Undertaker,* Geo. Bothling

*Place of Business,* Highland Square

Milton J. Taylor M. D.
Medical Attendant.

*Address,* Broadway & McElderry st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

A 43775

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 29 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. H. Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Years, 4 Months, 7 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No. 74, Hennetta Dr

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial* Lauden Park

*Date of Burial,* Oct 31st 1890

*Undertaker,* Smith & Berry

*Place of Business,* 263 Light St

H. B. Wolfe M.D.,
Medical Attendant.

*Address,* 17 Warren Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superinteuding the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43776 ≠ 43776

...TISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT. 30 1880 BALTIMORE

*Date of Death,* October 29.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate M Clark

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* 18 *Years,* 1 *Months,* ..... *Days.*

*Color,* .....

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* House-girl

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} No 6 Concha st

*Cause of Death,* {First (Primary,) Pulmonary Consumption

Second (Immediate,)

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Oct 31 st 1880

*Undertaker,* Jos. H Cook

*Place of Business,* No 707 E Baltimore street

Riggin Buckler M. D.
Medical Attendant.

*Address* 135 N Charles st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43777

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 30 1890 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 27.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lola B. Gresith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 146 Battery Ave

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Diphtheritic Croup

*Duration of Last Sickness,* 23 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Oct 30 90

*Undertaker,* B. Kaid

*Place of Business,* 82 West St

Frederick Erb M.D.,
Medical Attendant.

*Address,* 146 Battery Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42778

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 10 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} (First Cross St.) Krafft Oyster House ft of Clark St.

*Cause of Death* { First, (Primary,) Capillary Bronchitis
Second, (Immediate,) .....

*Duration of last Sickness,* 10 days.

All the above information should be furnished by the Physician.

*Place of Burial,* H. Holbrooks Cemetery

*Date of Burial,* Oct 31st

{ *Undertaker,* B. Healy
{ *Place of Business,* 82 West Pratt.

..... M. D.
Medical Attendant.

*Address,* 108 Clark St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form No. [illegible] 43779 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 28th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elnora Maly.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 10 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 326 S. Eutaw St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlet Fever.

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Oct. 31st 1880

*Undertaker,* Wm. Seewald

*Place of Business,* 35 S. Eutaw St *Address,* 15-2. S. Stmk

R. J. H. Tall M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 23d 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lot Andrew Jackson Nelson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* — *Months,* — *Days.*

*Color,* Col'd

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Harford Co

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and number.} 65 North St

*Cause of Death,* First (Primary,) Dysentery

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Harford Co Md

*Date of Burial,* October 31st 80

*Undertaker,* Jno N. Weaver & Co

*Place of Business,* 22 W. Fayette St Balto Md

Shurlow M. D.
Medical Attendant.

*Address* 57 Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43781 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or stillborn, if requested so to do, under penalty of law.

#43781 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen I. Nichols

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/24 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 67 W. McDonald's Ct

*Cause of Death,* First, (Primary.) Premature Birth (7mos

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pat Cemetery

*Date of Burial,* Oct 30 '88

*Undertaker,* P. Mullin

*Place of Business,* 6 S. Pat St

James A Steuart M.D., Medical Attendant

Residence

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined Jos. P. Smith

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

*Date of Death,* Oct 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward F Thomas Jr

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* Inf *Years,* 3 *Months,* 24 *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 36 Myrtle Ave

*Cause of Death* First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheritic Croup

*Duration of last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 1 1880

*Undertaker,* Dr Ingen

*Place of Business,* 12 W Balto *Address,* 767 Meadow Ave

Elias Price M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hull

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 36 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Trenton, N. J. five years.

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} No 90 S. Caroline St

*Cause of Death,* First, (Primary,) Malarial Fever following confinement.

Second, (Immediate,) ____

*Duration of last Sickness,* Five Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cy

*Date of Burial,* Oct 30 1880

*Undertaker,* Of Wm Hull

*Place of Business,* 290 S. Caroline St

John H. Pottinger M. D.
Medical Attendant.

*Address,* 242 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[0748.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**Permit No.** 43784

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Goss

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 131 Sarah Ann st

*Cause of Death,* First (Primary,) Convulsions.
Second (Immediate,)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* October 31. 1880

*Undertaker,* Samuel H Chase

*Place of Business,* 198 S Howard st

Frank B Gunner M. D.
Medical Attendant.

*Address* 187 Washington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Messer.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 7 — *Years,* 2 — *Months,* 12 — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number} 152 Canton ave

*Cause of Death,* First, (Primary.) Spin Cerebro-Spinal Meningitis

Second, (Immediate,) do — —

*Duration of last Sickness,* about 5 weeks —

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Paul's Cem.

*Date of Burial,* Oct 31

*Undertaker,* Wendel Dippel

*Place of Business,* S. Bond St. 151

G A Dohme M. D.
Medical Attendant.

*Address,* 86 E. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 28

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Robinson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} *

*Age,* ____ *Years,* ____ 2 *Months,* 21 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow or Widower~~

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harmony Lane Balt Md

*Duration of Residence in the City of Baltimore,* ~~Yes~~

*Place of Death,* {Give street and number} 140 Harmony Lane

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) ____

*Duration of last Sickness,* About 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Oct 30 1890

*Undertaker,* William L Dunge

*Place of Business,* No 62 East Street

R K Kneass M. D.
Medical Attendant.

*Address,* 604 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43787 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

~~#~~43787

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 29th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lutha Hohn

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 5 *Months,* ——— *Days.*

*Color,* Wh'

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} States

*Duration of Residence in the City of Baltimore,* Life's time

*Place of Death,* {Give street and number.} 376 Aliceanna St

*Cause of Death,* First, (Primary.) Diphtheritic sytrea (Secondary)

Second, (Immediate.) Paralysis cordis

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Oct 30

*Undertaker,* John Herring

*Place of Business,* 382 Orleans St. *Address,* 245 E Baltimore

F Fluhrer, M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43788 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Wilson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Dorchester County Maryland

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number.} 507 Mckeldenz St Extended

*Cause of Death,* First, (Primary.) Heart Disease

Second, (Immediate.) Dropsy

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergreen Cemy

*Date of Burial,* Oct 31. 1880

*Undertaker,* William H. Dingee

*Place of Business,* 62 East St

Wm. E. Russell M.D.,
Medical Attendant.

*Address,* 1 Hundred & Fifteen

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43789 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE OCT 30 1880

# CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dawson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* One *Months,* 10 *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} New York.

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number.} 1115 1/2 Eutaw St

*Cause of Death,* First, (Primary.) Tubercular Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 15 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Oct 31st 1880

Wm. H. Russell M.D.,
Medical Attendant.

*Undertaker,* Wm H Hickman

*Place of Business,* 234 W Gay St *Address,* Broadway & Madison

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

*Permit No.* 43790

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

OCT 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Marie Schmatke

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 39 *Years,* 10 *Months,* 19 *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or Widower~~,* { Cross out the words not required in this line. }

*Occupation,* Painter

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Galena, Ill.

*~~Duration of Residence in the City of Baltimore~~,* about 4 weeks

*Place of Death,* { Give street and number. } 170 Druid Hill Av.

*Cause of Death,* { First (Primary,) Pulmonary and Laryngeal Consumption / Second (Immediate.) Asthenia and Asphyxia

*Duration of Last Sickness,* I do not know; he was seen by myself only 3 times and shortly before death.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Oct 31st 1880

J. A. Chew *M. D.*
Medical Attendant.

*Undertaker,* D. Wiegand

*Place of Business,* 166 Druid Hill Ave

*Address* 141 Lanvale St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43791

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT OCT 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* 29 Oct

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Watkins

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 23 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black *Sex,* .....

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Labourer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} Chestnut 9th

*Cause of Death,* First (Primary,) Dropsy

Second (Immediate,) .....

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~109 Chestnut St~~ Lafayette

*Date of Burial,* Oct 30 1880

John H Schultz M. D.
Medical Attendant.

*Undertaker,* Abraham Raymond

*Place of Business,* 13 Saratoga St *Address* N E Cor Eutaw & Lex

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43794

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

*Date of Death,* Octo. 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mabel Rogers

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 3 *Months,* 2 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Bald. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 2° Lowe St Bald City

*Cause of Death,* First (Primary,) Cholera Infantum

Second (Immediate,)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Balt cemetery

*Date of Burial,* Oct 31 1880

R. Lafferington M. D.
Medical Attendant.

{*Undertaker,* James A Byrne
*Place of Business,* No 63 N Fremont} *Address* 132 N. Gay Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

43793

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

*Date of Death,* Oct. 30. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Rose

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 0 Years, 0 Months, 13 hours Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* 13 hours

*Place of Death,* {Give street and number.} #335 E. Baltimore

*Cause of Death,* First, (Primary.) Premature birth

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 13 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Oct 31st 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

G. H. Nathurau M.D.,
Medical Attendant.

*Address,* # 305 N. Caroline

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43794

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mikhail Seig

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} No 17 Canton Ave

*Cause of Death* {First, (Primary,) Dropsy

{Second, (Immediate,) Con Brain

*Duration of last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* Nov 1st 80

*Undertaker,* Wm. France

*Place of Business,* 280 Canton Ave *Address,*

..... *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 113795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresia M. Ehrhardt

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 57 *Years,* 9 *Months,* — *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* House work

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Konnsburg Altenburg Saxony Germany

*Duration of Residence in the City of Baltimore,* 27 Years

*Place of Death,* {Give street and number} 238 Hanover Street

*Cause of Death,* First, (Primary,) Natural

Second, (Immediate,) Typhoid Fever

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetery

*Date of Burial,* Oct 31 - 1880

*Undertaker,* C. F. Krause

*Place of Business,* 204 Hanover

E. K. Wilson M. D.
Medical Attendant.

*Address,* 159 Hanover Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 26. 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Toney

*Sex, Male or Female,* {cross out the word not required in this line.} F

*Age,* 36 *Years,* —— *Months,* —— *Days.*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} [illegible]

*Occupation,* [illegible]

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* 36 yrs

*Place of Death,* {Give street and number} 214 Dean

*Cause of Death* { First, (Primary,) Consumption

Second, (Immediate,) V

*Duration of last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn — J M Eastman *M. D.*

*Date of Burial,* Oct 31 — Medical Attendant.

*Undertaker,* John H. Owens

*Place of Business,* 225 S. Eutaw St — *Address,* 349 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT OCT 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George William Hain

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} 157. E. Lombard St

*Cause of Death* { First, (Primary,) Diptheria
Second, (Immediate,) do. membranous

*Duration of last Sickness,* about 5 or 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 1st

{ *Undertaker,* F. Gaeke
*Place of Business,* No 21 S. Gay St

G. L. Dohme M. D.
Medical Attendant.

*Address,* 86 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 11 [illegible] Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43798 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT OCT 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Craig

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} Camden near Howard St Fountain Hotel

*Cause of Death,* First, (Primary.) Dropsy

Second, (Immediate.)

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* October 31st 1880

*Undertaker,* Robt Craig

*Place of Business,* Camden St

Edmund Steiner M.D.,

~~Medical Attendant.~~ Registrar

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

*Permit No.* 13799

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT OCT 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mortimer Cunningham

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Harford Co Md

*Duration of Residence in the City of Baltimore,* 60. years

*Place of Death,* {Give street and number.} 130. E. Pratt St

*Cause of Death,* First (Primary,)

Second (Immediate,) Paralysis from the Brain

*Duration of Last Sickness,* 7 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery J. J. Chiles M. D.

*Date of Burial,* Nov 1st 1880 Medical Attendant.

*Undertaker,* Jno H. Weaver & Co *Address* 24 Cathedral

*Place of Business,* 22 Hayette st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained. the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Engle

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* Transient Boarder

*Place of Death,* {Give street and number} Mother Central Hotel Cor Franklin & Eutaw

*Cause of Death* First, (Primary,) Accidental Drug overdose Cocaine

Second, (Immediate,) Poisoning from Cocaine Opium Morphine

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt. Cemetery

*Date of Burial,* Nov 1st

*Undertaker,* Geo. M. Sperry

*Place of Business,* 195 Eutaw

*Address,* Corner Pr & Pl

John Morris M.D.
Emm 212 Monroe M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43801

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Streck

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 252 N. Eden St

*Cause of Death,* First, (Primary.) Trismus Nascentium

Second, (Immediate,)

*Duration of last Sickness,* 24 hours.

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Oct 31st 1880

*Undertaker,* James Byrne

*Place of Business,* Front St

Jno. Brooke Boyle M. D.
Medical Attendant.

*Address,* Ule E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 113802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs E Forte

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 22 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Domestic

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Life

*Place of Death,* {Give street and number} N ~~20~~ N. Broad 210

*Cause of Death,* First, (Primary,) Hemiplegia

Second, (Immediate,)

*Duration of last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bone Brae Cemetri

*Date of Burial,* Novem

*Undertaker,* John Henrig

*Place of Business,* 382 Orleans St.

O'Shaon M. D.
Medical Attendant.

*Address,* 138 N. Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43803

The Physician who attended *any* person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 2
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 30th 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Teresa N. Lucas

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 11 *Years,* 3 *Months,* 20 *Days.*

*Color,*

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } No. 151 S. Howard St.

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem

*Date of Burial,* Nov 1st 1880

J. Tyler Smith *M. D.*
Medical Attendant.

*Undertaker,* F. Lewis Schaefer

*Place of Business,* 109 N. Howard St *Address,* 221 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43804

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Sunday Oct. 31 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Stones

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 53 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bricklayer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 35 / Franklin St.

Cause of Death { First, (Primary.) Pulmonary Phthisis

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Nov 2d 1880

{Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

J. Summit Sorrs M. D.
Medical Attendant.

Address, 332 W Fayette St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per ceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43805

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Called Aunt Molly Shoeing Smith's Aunt Dumb from birth Aged about 72 yrs

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Supposed to be About 72 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Don't Know

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States. if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 40 William St

*Cause of Death* {First, (Primary,) Natural Causes ✓ Second, (Immediate,) Old Age

*Duration of last Sickness,* Failing for Last 6 or 8 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Bush St Cemetery

*Date of Burial,* November 1

*Undertaker,* H Fox

*Place of Business,* 95 Lombard St

Jno D Hall *M. D.*
Medical Attendant.

*Address,* 168 Pacific

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43806

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Martin

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 8 *Years,* 8 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Nothing

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Continued

*Place of Death,* {Give street and number} 65 S. Russel St

*Cause of Death,* First, (Primary.) Nephritis, from Eclampsia

Second, (Immediate.) Convulsions & Coma

*Duration of last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Not buried

*Undertaker,* Benjamin Roth

*Place of Business,* 95 S. Paca St

L. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St.

L. D. DYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Hunter

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* —— *Years,* 1st *Months,* 10 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cecil Co MD

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 49 Watson Ally

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,)

*Duration of last Sickness,* 4 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Oct. 21st 1880

*Undertaker,* Sam'l H. Chase

*Place of Business,* 193 S. Howard St.

Jno. D. Steele M. D.
Medical Attendant.

*Address,* 168 E. Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Herbel

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 9 *Months,* ~~Days.~~

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 172 W Pratt St

*Cause of Death,* First, (Primary,) Meningitis (Tubercular)

Second, (Immediate,)

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Ch

*Date of Burial,* Nov. 1

*Undertaker,* W. Hall

*Place of Business,* S. Bond St.

Thomas D. Evans M. D.
Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Feb 31 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Barbara Dechal

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 10 *Months,* *Days.*

*Color,* White *Sex,*

*~~Married, Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*~~Duration of Residence in the City of Baltimore,~~*

*Place of Death,* {Give street and number.} Canton Ave 414

*Cause of Death,* First (Primary,) Debility

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 3 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* November 1th 1880

*Undertaker,* H. H. Gehringer

*Place of Business,* 341 Canton Ave. *Address*

C. W. Fiche *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43810 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 2 1880 BALTIMORE

*Date of Death,* Oct 30 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E. McDermond

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 1 *Months,* 9 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balle City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 7 Bethel court

*Cause of Death,* First, (Primary.) Mal nutrition (artificial

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* E. Peb Cemetery

*Date of Burial,* Nov. 1 " 1880

*Undertaker,* P. Mullin

*Place of Business,* ——— ———

James A Steuart M.D.,

*Address,* Comm of Health Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Exam by L. V. Fitzpatrick

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Saturday October 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr. L. Charles Gordon

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 24 *Years,* 3 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Physician

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number} 311 N. Broadway

*Cause of Death,* First, (Primary,) Typhoid

Second, (Immediate,)

*Duration of last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Greens Mount Cemetay

*Date of Burial,* November 1 1880

*Undertaker,* Wm H. Buckman

*Place of Business,* No 234 Gay

W. Tabor Steiner M. D.
Medical Attendant.

Address, 25 E. Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43812 43812 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 30-1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Reed

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 4 mons *~~Months~~,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md-

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 418 E. Madison St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* November 1 1880

*Undertaker,* Wm H Hickman

*Place of Business,* 1023½ Gay St

Geo F Taylor M.D.,
Medical Attendant.

*Address,* 222 N Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13813

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 1st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Edith Tracy

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 15 N. Fremont St

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) (Intercurrent) Pneumonia

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Nov 2nd 1880

Thos O'Neill M. D.
Medical Attendant.

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N. Fremont *Address,* 581 Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

*Permit No.* 43814

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 31. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizth Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* W *Sex,* F.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Unknown

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto County

*Duration of Residence in the City of Baltimore,* 60 yrs

*Place of Death,* {Give street and number.} 169 Dover.

*Cause of Death,* First (Primary,) Senile Bronchitis & Bright's d'ease

Second (Immediate,) Uraemic Septicaemia.

*Duration of Last Sickness,* dont Know. never saw her but once.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 2d 1880

*Undertaker,* John Stincher

*Place of Business,* No 150 Camden

C. R. Pase *M. D.*
Medical Attendant.

Address 220 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13815

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* October 31st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schaefer

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ~~7~~ Years, 7 Months, 1 Days.

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 30 Bank St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Capillary Bronchitis

*Duration of last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* (Sunday) 2 d

*Undertaker,* H. Hunt

*Place of Business,* 29 35 Bank

A. F. Emich M. D.
Medical Attendant.

*Address,* 94 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43816 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 30th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Molwen

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* 2 *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany 26 yrs

*Duration of Residence in the City of Baltimore,* 26 yrs.

*Place of Death,* {Give street and number.} 95 Lemmon St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem'y

*Date of Burial,* Nov 1st 1880

*Undertaker,* Jas B. Cook

*Place of Business,* W. Balt St

James H Chew M.D.,

*Address,* Comm'rs of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by—John E. Harding

# Board of Health, City of Baltimore,

Permit No. 43817

OFFICE OF REGISTRAR OF VITAL STATISTICS.

NOV 1886 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs S E Swan

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 40 Days.

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* First, (Primary,) Pelvic Peritonitis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Talbot County Md

*Date of Burial,* Nov 3rd 1886

*Undertaker,* Dunn & Mitchell

*Place of Business,* 658 Broadway

F West M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1940 Transcript

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archibert Connell

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} M

*Age,* 40 *Years,* 10 *Months,* 5 *Days.*

*Color,* Colored

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number} 99 Lee Street

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis ✓

Second, (Immediate,)

*Duration of last Sickness,* For a long time

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Tuesday Nov 1st 1880

J. Ying[illegible] M. D.
Medical Attendant.

*Undertaker,* Leo H. Perkins Jr & Co

*Place of Business,* 130 Henrietta St. *Address,* 152½ N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report in forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible] CITY PRINTERS AND STATIONERS. [OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 29th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Wilkinson Wilkinson,

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 85 *Years,* 7 *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Mariner,

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} County of Antrim, Ireland.

*Duration of Residence in the City of Baltimore,* Thirty two Years.

*Place of Death,* {Give street and number} 31 Fell's St. Fell St.

*Cause of Death* { First, (Primary,) Second, (Immediate,) } Old age Six Months,

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* November 1st 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

Nicholas L. Dalziell M. D.
Medical Attendant.

*Address,* 207 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43820 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 1 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Oct 31. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard A. Ludwig

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* 15 *Days.*

*Color,* colt

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Penna.

*Duration of Residence in the City of Baltimore,* 3 years (on a visit)

*Place of Death,* {Give street and number.} No. 1 Oliver St

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Uraemic convulsions

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* over No. 9 P.R.R. Marysville Perry co Pa

*Date of Burial,* Nov 1st 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw st

G Lane Tanyhill M.D.,
Medical Attendant.

*Address,* 129 W Biddle

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1941 Transit

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43821 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1 1880 BALTIMORE

*Date of Death,* Oct. 31/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Richards

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} N. W. Cor. Bond & Caston av.

*Cause of Death,* First, (Primary.) Membranous Croup

Second, (Immediate.)

*Duration of Last Sickness,* 48 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul's

*Date of Burial,* Nov. 1st 1880

*Undertaker,* Henry Sander

*Place of Business,* 952 Caston av.

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 12 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John [illegible]

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 5 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ...

*Occupation,* ...

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* { Give street and number } No. 67 E. Chester St

*Cause of Death* { First, (Primary,) Diphtheria / Second, (Immediate,) Exhaustion

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Nov 14th

*Undertaker,* M. Clark & Son

*Place of Business,* 64 E Balto

[illegible] M. D.

Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43823 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 43823

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Oct. 31 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Edward Wilson

*Sex,* ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 2 *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 84 Pear alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Croup

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 1 " 1880

Jno A Ellis M.D.,
Medical Attendant

*Undertaker,* W. H. Bishop

*Place of Business,* Druid Hill Ave. *Address,* Commissioner of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examd by Geo E. Brown

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43824

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 29th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. F. Carr.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 2 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Lifetime

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 7 Clarck Alley

*Cause of Death* { First, (Primary,) Diarrhoea. / Second, (Immediate,)

*Duration of last Sickness,* About 2 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Shaps Str Burial Ground

*Date of Burial,* Nov 1

*Undertaker,* Jacob Davis

*Place of Business,* 103 Lee str

J. W. White M. D.
Medical Attendant.

*Address,* Southern Dispensary.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

#43825

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

*Date of Death,* October 30th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Milbourn

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 42 Sarah Ann St.

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* several months.

All the above information should be furnished by the Physician.

*Place of Burial,* St Stephens Ceme

*Date of Burial,* Nov 2 1880

*Undertaker,* Peter Kramer

*Place of Business,* 317 Pratt

Given

R. B. Morrison M.D.,

Medical Attendant.

Address, Balto. Jail Dispensary

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43826 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

43826 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. BALTIMORE NOV 1880

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 31 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil C Peck

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 15 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} cor Bond & Fayette Sts. V

*Cause of Death,* First, (Primary.) Acute Peritonitis

Second, (Immediate.)

*Duration of Last Sickness,* Ten days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Nov 2 / 80

Wm B Judd M.D.,
Medical Attendant.

*Undertaker,* Armstrong Sons

*Place of Business,* No 268 Eight St *Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 24382

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#4382

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* October 31st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Etzell

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* Two (2) *Years,* One (1) *Months,* —— *Days.*

*Color,* Colrd

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ——

*Occupation,* ——

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Bucks City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number. } 378. Washington st

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Marasmus.

*Duration of Last Sickness,* Cannot say definitely

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Center

*Date of Burial,* Nov 2, 1880

*Undertaker,* Henry Hoerle

*Place of Business,* 209 Central Ave

P. W. Flour M.D.,
Medical Attendant.

Address, 660 Eager Baltimore st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43828 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

43828 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1 1880

*Date of Death,* October 30 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Reynolds

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 7 *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md -

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number.} 211 N Durham St

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 8 weeks -

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Nov 1st 1880

*Undertaker,* Charles A Mut

*Place of Business,* 35 Bramby

Geo F Layton M.D.,
Medical Attendant.

*Address,* 222 N Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 43829

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

*Date of Death,* Nov 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena [illegible]

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 10 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 293 Conn St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Typhoid Malarial Fever

*Duration of Last Sickness,* 13 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Conn

*Date of Burial,* Nov. 2 1880

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 146 Hanover

G Gordon Lee M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas E Spencer

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 9 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 136 S Burgundy Alley

*Cause of Death* {First, (Primary,) Pneumonia

{Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 3rd 1880

*Undertaker,* P. L. Dill

*Place of Business,* 183 Columbia ave *Address,* 16 Stiles St

J H Kinney *M. D.*
Medical Attendant.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per d, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

CO. CITY PRINTERS AND STATIONERS.

Permit No. 43831 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

43831 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 1/82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. ~~McCleary~~ McLaurin

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 184 S. Durham St. Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 184 S. Durham

*Cause of Death,* First, (Primary.) Infantile Convulsions ✓

Second, (Immediate.)

*Duration of Last Sickness,* 4 Hrs

All the above information should be furnished by the Physician.

*Place of Burial,* St. Pauls Cem

*Date of Burial,* Nov. 2. 1880.

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Ave.

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 417 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the disease and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

44/3832

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

*Date of Death,* Nov. 1/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Willner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} N. E. Cor. Wolf & Caroline av.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 4 mos.

V

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemtry

*Date of Burial,* Nov 2 ct

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Av

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 43833

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 31 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Estes.

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 23 *Years,* ____ *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 492 W. Pratt St

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) ____

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Estes

*Date of Burial,* November 2.

J. Shotwell M. D.
Medical Attendant.

*Undertaker,* Mathews, Gadsby

*Place of Business,* 227 W. Pratt

*Address,* 492 W. Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 43834

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 2 1880 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* October 31st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Dunning

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Servant.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 22 Years.

*Place of Death,* {Give street and number} 268 S. Eutaw St

*Cause of Death* {First, (Primary,) Cancer of Breast

{Second, (Immediate,)

*Duration of last Sickness,* About 14 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Nov 2nd 1880

*Undertaker,* Jos F. Byrne

*Place of Business,* 39 N Liberty St

J. M. White M. D.
Medical Attendant.

*Address,* Southern Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily Magnee

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Sixty-three *Years,* — *Months,* — *Days.*

*Color,* ?

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Monthly Nurse

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} No 65 Mulberry St

*Cause of Death,* First, (Primary,) Valvular Disease of Heart

Second, (Immediate,) Paralysis of Heart

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cemetery

*Date of Burial,* Nov 2nd 1880

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry St

Whitfield Winsey M. D.
Medical Attendant.

*Address,* 166 Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43886

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Pierce

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* Four *Months,* —— *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No. 93 Raborg st.

*Duration of Residence in the City of Baltimore,* Four months

*Place of Death,* {Give street and number} No. 93 Raborg st.

*Cause of Death,* First, (Primary,) Cholera Infantum

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Twenty-four hours.

All the above Information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Nov 2nd 1880

*Undertaker,* Wm J Gray

*Place of Business,* 66 Mullikin's Alley

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

A 43837

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 2 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Hannaken

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Nancy town V

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and number.} Howard & Franklin Sts

*Cause of Death,* First, (Primary.) Tumor about origin of Pneumogastric nerve

Second, (Immediate.) Spasm of glottis & Suffocation

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem'y

*Date of Burial,* Nov 3rd 1880

Chas O Donnell M.D.,
Medical Attendant.

*Undertaker,* Thos S Hughs

*Place of Business,* 66 E Balto *Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 2 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st 1890

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Mcnaul

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } No 67 S Exeter St

*Cause of Death* { First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Nov 3d

*Undertaker,* M. Clarke Sons

*Place of Business,* 64 E Baltimore St

J. J. Kelly *M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43835

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* October 31st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Haddie Wilmer Poulson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 3 *Months,* ..... *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 757 W. Lombard St.

*Cause of Death* First, (Primary,) .....

Second, (Immediate,) Meningitis.

*Duration of last Sickness,* About 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* N. E. Cecil Co

*Date of Burial,* Nov 3rd 1880

J. Walton White M. D.
Medical Attendant.

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St. *Address,* 79 N. Gilmor St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit 1452

KODAK SAFETY FILM

Board of Health, City of Baltimore,

Permit No. 43840

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

NOV 2 1880 BALTIMORE

*Date of Death,* November 1. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William David Grimm

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 2 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 377 Druid Hill Avenue

*Cause of Death* { First, (Primary,) Congestion of Brain
, { Second, (Immediate,)

*Duration of last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* November 3rd 1880

{ *Undertaker,* Wm. Weaver
{ *Place of Business,* No 202 N. Eutaw St.

Manning Brewer M. D.
Medical Attendant.

*Address,* 6 & N Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43841 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Shaw

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Unknown

*Occupation,* Seaman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} unknown

*Duration of Residence in the City of Baltimore,* unknown

*Place of Death,* {Give street and number.} St Joseph's Hospital

*Cause of Death,* First, (Primary.) Malignant Remittent Fever

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* E. B. Park Cemetery

*Date of Burial,* Nov 2d 1880

*Undertaker,* O Muller

*Place of Business,*

Was D. Goldsmith M.D.,

Medical Attendant.

*Address,* St Joseph's Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43842 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT NOV 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Downey

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 8 5 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} cor Holliday & Pleasant st

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Old Age

*Duration of Last Sickness,* 8 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* Nov 3d 1880

*Undertaker,* E P Byrne

*Place of Business,* 68 N Gay St

James A Clemens M.D.,

~~Medical Attendant.~~

*Address,* Reporter

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exm. by Geo. E. Taylor (Sanitary Inspector)

Board of Health, City of Baltimore

Permit No. 43843

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 2 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Reuben

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 3 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ×

*Occupation,* ×

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 515 W Balto Street

*Cause of Death* First, (Primary,) Scarlet fever

Second, (Immediate,)

*Duration of last Sickness,* one day ~~Life time~~

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Hebrew Cemetery

*Date of Burial,* Nov. 3rd 1880

*Undertaker,* Wm Elsee

*Place of Business,* 101 Gough St *Address,* 88 N Eutaw Street

A Friedenwald M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43844 (Office of Registrar of Vital Statistics)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 3 1890 BALTIMORE

*Date of Death,* Nov - 1st 1890.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Martin

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 28 *Years,* - *Months,* 17 *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~.* { Cross out the word not required in this line. } Single

*Occupation,* Sailor

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Accomac Co Va ~~Hampton~~

*Duration of Residence in the City of Baltimore,* About - 3 weeks -

*Place of Death,* { Give street and number. } 21 Peach Alley -

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) "

*Duration of Last Sickness,* About 4 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Newton Md

*Date of Burial,* Nov 3d 1890

*Undertaker,* J Davis

*Place of Business,* 103 Lee St

Dr. Bell M.D.,
Medical Attendant.

Coroner

*Address,* 161 E Eager St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans 1548

*Permit No.* 43846

OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 2nd 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rauch

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 74 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~Laborer~~ Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} ~~Baltimore~~ Germany

*Duration of Residence in the City of Baltimore,* 30 Yrs

*Place of Death,* {Give street and number.} 64 President St

*Cause of Death,* First (Primary,) Falling down Stairs

Second (Immediate,) ~~Shock~~ Shock

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cem

*Date of Burial,* Nov 3d

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave

Chas M. Wood M.D.
Coroner E D
Medical Attendant.

*Address,* 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Permit No.* 43846 / OFFICE OF REGISTRAR OF VITAL STATI

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* November 2nd 3 P.M

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Greenbaum

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany 3 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Hebrew Hospital

*Cause of Death,* First (Primary,) Cerebral Hemorrhagic Extravasation

Second (Immediate,) Paralysis (Hemiplegia)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Ohel Shalam Cemetery

*Date of Burial,* Nov. 3rd 1880 A. Cohen M. D.

*Undertaker,* Jno Eilau Visiting Physician Medical Attendant

*Place of Business,* 101 Gough St Address Office Eager & Holliday Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL

**Permit No.** 43847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Oct 31 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Ross

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.} f

*Age,* ____ *Years,* 6 *Months,* ____ *Days.*

*Color,* (Col) *Sex,* ____

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 188 Chestnut alley Balt

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number.} 188 Chest alley Balt

*Cause of Death,* {First (Primary,) ____ Second (Immediate,) Cholera Infantum

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Laurel Cemetery~~ St Peters Cemetery

*Date of Burial,* Nov 2 nd 1880

*Undertaker,* John C Gordon

*Place of Business,* 63 Fairmount ave

James L Fulton M. D.
Medical Attendant.

*Address* 134 Hanover st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43848 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

NOV 3 1880

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 1. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm James Cole

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 0 *Years,* 2 *Months,* — *Days.*

*Color,* Wh

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 130 Tyson St

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Nov 3 1880

*Undertaker,* Johns & Proctor

*Place of Business,* 63 Parkerson

G. Lane Tanyhill M.D.,
Medical Attendant.

*Address,* 129 W. Biddle

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**Permit No.** 13849

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

NOV 3 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 2nd 1880

*Full Name of Deceased,* {Writs legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Fortune

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 78 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number.} 204 N. Howard St.

*Cause of Death,* First (Primary,) General Debility

Second (Immediate,) Bronchitis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery

*Date of Burial,* 4th Nov. 1880

*Undertaker;* H. W. Jenkins & Son

*Place of Business,* 16 Light St. *Address* 159 Park Ave

J. E. Lindsay M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 2nd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria E Street

*Sex, Male or Female,* {cross out the word not required in this line.} Female.

*Age,* ~~72~~ *Years,* 48 *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow.

*Occupation,* Bacon Dealer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Entire life time.

*Place of Death,* {Give street and number} 190 E Fayette St.

*Cause of Death,* First, (Primary.) Sudden, Probably Cardiac Embolism.

Second, (Immediate,)

*Duration of last Sickness,* an hour or two.

All the above information should be furnished by the Physician. Coroner Moffit deems an enquest unnecessary.

*Place of Burial,* Mount Auburn

*Date of Burial,* Thursday Nov 4th 1880 D W Cathell M. D.

Medical Attendant.

*Undertaker,* John H Weaver & Co.

*Place of Business,* 27 W. Fayette St. *Address,* 2 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4385

The Physician who attended any person in *a* last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov, 27 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Idica Mary Fallerdt

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* —— *Years,* 3 *Months,* 13 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Infant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 67 Evans St

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 67 Evans St

*Cause of Death* { First, (Primary,) — Second, (Immediate,) Marasmus

*Duration of last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov. 4

*Undertaker,* C. Hollander & Sons

*Place of Business,* 22 N. Pratt St.

A. S. Sherfey M.D. *M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13852

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV [illegible] 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 1st, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wiesner

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.} Male

*Age,* 8 *Years,* 8 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 203 S. Fremont st

*Cause of Death* First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 3

*Undertaker,* Henry Boiele

*Place of Business,* Henrietta St 81

C. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 66 S. Paca st

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* November 14, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Miller

*Male or Female,* {cross out the word not required in this line.} Female

29 *Years,* 5 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany — 8 yrs

*Duration of Residence in the City of Baltimore,* 8 yrs.

*Place of Death,* {Give street and number} 146 E. Wolfe St.

*Cause of Death* First, (Primary,) Puerperal Rheumatic fever complicated with Pericditis

Second, (Immediate,) Pyaemia about 4 weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Nov 18 80

*Undertaker,* M. Brannan

*Place of Business,* 280 Pan Ian ave

J. Blumenthal M. D.
Medical Attendant.

*Address,* 100 E. Lexington St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt ~~Frisant~~ Mason

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 37 *Years,* 4 *Months,* ..... *Days.*

*Color,* Col'd

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Whole Life.

*Place of Death,* {Give street and number} 68 East -al-

*Cause of Death* First, (Primary,)

Second, (Immediate,) Consumption Pulmonary

*Duration of last Sickness,* 20 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 2d 1880

*Undertaker,* Wm N. Zuinger

*Place of Business,* 1062 East 25

S. J. Coyner M. D.
Medical Attendant.

*Address,* 134 N Hi...

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43855

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 9 '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Baynes

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Wood Sawyer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 97 N. Dallas St.

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Consumption

*Duration of last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury, Evergreen Cemetery

*Date of Burial,* Nov. 2d. 1880

J. D. Gross M. D.
Medical Attendant.

*Undertaker,* Wm. P. Dungee

*Place of Business,* 60-62 East, 11th *Address,* 137 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joanna Wilson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester County

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and number} 5th Jockey Row

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Evergreen cemetery

*Date of Burial,* Nov 13th 1880

*Undertaker,* Wm. J. P. Dunger

*Place of Business,* 160 62 East St.

E. B. Fenby M. D.
Medical Attendant.

*Address,* 319 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 13857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 1 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Tolson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 39 Covington St

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 39 Covington St.

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* November 3

*Undertaker,* B Hall

*Place of Business,* 42 West St.

Thos E Smith M. D.
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

11 6

Permit No. 43858 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

REGISTRAR'S OFFICE NOV 3 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* November 1st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Kuhauser

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* Nineteen *Years,* Three *Months,* —— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~~Housework~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 7 11 Browns Lane

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov. 3 1880,

*Undertaker,* Jno P Faulus

*Place of Business,* 66 Hanover Ave,

A Kuhnheim M.D.,
Medical Attendant.

*Address,* 584 W Fayette St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43859 Office of Registrar

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Baltimore 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mosell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* — *Months,* ... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Built

*Place of Death,* {Give street and number.} Randall St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scirrhous of the Stomach

*Duration of Last Sickness,* 10 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetrie

*Date of Burial,* November 4th

*Undertaker,* B. Fleuke

*Place of Business,* 42 West Street

Sheldon Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* November 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Agnes

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bay View Asylum

*Duration of Residence in the City of Baltimore,* House 4 days

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* { First, (Primary,) Marasmus
Second, (Immediate,) Asthenia

*Duration of last Sickness,* Dying when admitted

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Nov 3 1880

*Undertaker,* Jas Pr Annis Son

*Place of Business,* 152 Division St

Mantury Corner M. D.
Medical Attendant.

*Address,* 66 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 138644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1879 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 1, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* about 4 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Entire Life

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* { First, (Primary,) Marasmus

Second, (Immediate,) .....

*Duration of last Sickness,* Since admitted

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Nov 3 1880

*Undertaker,* J. Bramble Jr

*Place of Business,* 102 Division St

Mandeville Cowan M. D.
Medical Attendant.

*Address,* 6 E Mt Clair St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43862 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

43862

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 2 nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virgil Cuccia

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 9 *Months,* 29 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Runco, N. J.

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give street and number.} 261 Eastern ave

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 17 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cumberland Md

*Date of Burial,* Nov 4th 1880

G. L. Wilkins M.D.,
Medical Attendant.

*Undertaker,* Henry Sapida

*Place of Business,* 282 Canton Av, *Address,* 717 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transcript 1946

Permit No. 43863 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 3 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Dunn

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Mal

*Age,* — *Years,* — *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 113 Block St.

*Cause of Death,* First, (Primary.) Trismus Nascentium

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Nov 3rd

*Undertaker,* Mg. A. Daiger

*Place of Business,* 714 S. Broadway

Jno. S. Lynch M.D.,
Medical Attendant

*Address,* 175 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43864

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Hammond

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* Fifty three *Years,* ——— *Months,* ——— *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Anne Arundel County, Maryland

*Duration of Residence in the City of Baltimore,* About five years

*Place of Death,* {Give street and number.} N.E. Cor. Calhoun & Hollins Sts.

*Cause of Death,* First (Primary,) Chronic Gastro Enteritis, (Diarrhoea)

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* About fifteen months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 4 – 1880

*Undertaker,* Henry Mitchell

*Place of Business,* 55 W. Fayette St.

J. Ridgely Hammond M. D.
Medical Attendant.

*Address* N.E. Cor. Calhoun & Hollins Sts. City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13865

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Rhinefelter

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Cook Cooper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} York Pa

*Duration of Residence in the City of Baltimore,* 81 Years

*Place of Death,* {Give street and number.} N.E. Cor McCulloch & McMechen Sts

*Cause of Death,* First (Primary,) Acute Nephritis

Second (Immediate,) Uraemic Poisoning

*Duration of Last Sickness,* 2 Days Not known - Only attended a few days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cem.

*Date of Burial,* Nov 4/80

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette St Address 71 Franklin St

H. K. Hillman M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 19866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* November 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Eckhardt

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* — *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} No 5 Chatsworth Ct

*Cause of Death* {First, (Primary,)} Burn (½ of Body burned by flame)

{Second, (Immediate,)} Collapse

*Duration of last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 4 Th 1880

C. L. Buddenbohn *M. D.*
Medical Attendant.

*Undertaker,* Julius C. Koehler

*Place of Business,* Sharp & Cross sts *Address,* 166 S. Paca st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 12387 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 2 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann J Baker

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 10 *Years,* 8 *Months,* *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 10 8

*Place of Death,* { Give street and number. } 100 Dean alley

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Dropsy

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mound Cem

*Date of Burial,* Nov 4th 1880

*Undertaker,* Julius Kochler

*Place of Business,* Sharp & Cross sts *Address,* 313 Light st.

L. B. Gallis *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 24/90

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Fred Krauke

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} city

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 283 N Central ave

*Cause of Death* { First, (Primary.) Diphtheria
Second, (Immediate,) exhaustion

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* November 24 1890

*Undertaker,* Henry Hoen

*Place of Business,* 309 Central ave *Address,* 25 E Pratt st

Hamm *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13869

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 2 1880 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* November 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Estella Harmeyer

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 5 *Years,* 10 *Months,* 4 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

*Occupation,* Nil

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 216 Chesnut St

*Cause of Death* { First, (Primary,) Membranous Croup
Second, (Immediate,) asthenia

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Nov 4th 1880

{ *Undertaker,* Frew & Bro.
{ *Place of Business,* 154 N. Broadway

Eugene F. Cordell M. D.
Medical Attendant.

*Address,* 125 N Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43870

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 2nd, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Wheeler

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 6 *Months,* *Days.*

*Color,*

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ohio

*Duration of Residence in the City of Baltimore,* 9 months

*Place of Death,* {Give street and number.} 119 E. Biddle st

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) " Croup

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* M.E. Cemetery

*Date of Burial,* Nov 4th 1880

*Undertaker,* Wm H Huckman

*Place of Business,* 234 W Gay St *Address,* Broadway & Madison

Wm. E. Russell M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4 0 0 / 1 4 3 8 7 1 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Smith

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* — *Days.*

*Color,* Mulatto

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* has been sick more or less since Monday last

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 3 - 1880.

*Undertaker,* D. Mullen

*Place of Business,*

J. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* November 3 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Estew Thomas

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 692 N Bond st

*Cause of Death* {First, (Primary,) / Second, (Immediate,)} Convulsions

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 4

*Undertaker,* J W Cook

*Place of Business,* 707 W Pratt

Wm C Rives M. D.
Medical Attendant.

*Address,* 582 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43873 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

43873

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 3rd 80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Reh Rochner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 407 Saratoga

*Cause of Death,* First, (Primary.) Marasmus. Cholera Inf.

Second, (Immediate.) Marasmus.

*Duration of Last Sickness,* 11 days. 11 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western

*Date of Burial,* Nov 4 1880

*Undertaker,* Peter Kummel

*Place of Business,* 317 Mulberry *Address,* 226 Mulberry st.

Louis E Loon *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43874 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 43874

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 2. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John B. Coy,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 368 E. Pratt St.

*Cause of Death,* First, (Primary.) Tuberculous Meningitis

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Forty five days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Balto Cemetery

*Date of Burial,* Nov 5th 1880

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Ave

G. Glanville Rusk M.D.,
Medical Attendant.

*Address,* Balto Md.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41875

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 2d November, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lucas Henry

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 1 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 81 W. Biddle St.

*Cause of Death,* First, (Primary.) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* November 4th 1880

E. W. Littell M. D.
Medical Attendant.

*Undertaker,* Chas. F. Seniver

*Place of Business,* 271 N Eutaw *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43876 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

43876

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* November 2nd 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Simpson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 29 38 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Plumber

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 237 Fulton St.

*Cause of Death,* First, (Primary.) Acute Chole ic

Second, (Immediate.) Inf Enteritis -

*Duration of Last Sickness,* 8 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* November 4, 880

Louis Chs Koon **M.D.,**
Medical Attendant.

*Undertaker,* Matthew Cudgan

*Place of Business,* 227 Fulton Ave *Address,* 226 Fulton Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 2d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Bennett

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 22 *Years,* 3 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Shirt Manufactor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 77 Bolton Street

*Cause of Death* First, (Primary,) Typhoid Fever

Second, (Immediate,) Intestinal Hemorrhage

*Duration of last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Met Odd Cemetery

*Date of Burial,* Nov 4th 1880

*Undertaker,* John Meaher

*Place of Business,* Park & Fayette

John M. Lowe M. D.
Medical Attendant.

*Address,* 326 Hollins St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lennie Bailey

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* House Maid

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 146 Vine St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Chicken Fever

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Nov 4th 1880

*Undertaker,* Wm C. H. Chase

*Place of Business,* 1715 Eutaw st. *Address,* 208 W. Fayette St.

Geo G. Brewer *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 13879 *Office of Registrar of Vital Statistics*

NOV 2 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Gerbing

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* white

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany (One day

*Duration of Residence in the City of Baltimore,* one day

*Place of Death,* {Give street and number.} Stw Hermann & Locust Sts

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Consumption

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Nov 4th 1880

*Undertaker,* Henry Brill

*Place of Business,* 81 Henrietta

James A Clemens M.D.,

*Address,* Comm of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43880

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 3/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Slack

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* Wht

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 182 E. Av.

*Cause of Death,* First, (Primary.) Membranous croup

Second, (Immediate.)

*Duration of Last Sickness,* 36 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Nov 5th 1880

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Av

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43881

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Bright.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the words not required in this line.} Female.

*Age,* 70 *Years,* *Months,* *Days*

*Color,* Colored.

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow.

*Occupation,* Chamber Maid &c

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Queen Ann Co. Md.

*Duration of Residence in the City of Baltimore,* Thirty five years.

*Place of Death,* {Give street and number.} 18 Jordan Alley.

*Cause of Death,* {First (Primary,) Syphilis.

Second (Immediate,)

*Duration of Last Sickness,* about Eight Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Lemmel Cemetery

*Date of Burial,* Nov. 5th 1880

*Undertaker,* Wm. J. Bishop Jr.

*Place of Business,* 97 Druid Hill ave.

H. R. Fetterhoff M.D.
Medical Attendant.

*Address,* 205 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, o. the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

43882

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 2 nd. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A. Haase

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 54 N. Chapel St

*Cause of Death.* First, (Primary.) Scarlatina

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Three (3) days

All the above information should be furnished by the Physician.

*Place of Burial,* Emanuels Cemetery.

*Date of Burial,* 2d of Nov.

*Undertaker,* ~~—~~ Fred Gaede.

*Place of Business,* No. 29 S. Caroline *Address,* 29 S. Broadway

G. L. Wilkins M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Thursday November 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Grace n/v

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 71 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Carrol Co Md

*Duration of Residence in the City of Baltimore,* 15 Years.

*Place of Death,* {Give street and number} 33 Harford Ave

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate,) .....

*Duration of last Sickness,* Five Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Boss Church Yard Carroll Co Md

*Date of Burial,* Nov 4 1880

*Undertaker,* John S Mackey

*Place of Business,* Cor Camden & Para Sts *Address,* 25 ½ Greenmount Ave

Wilmer Bowie M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 1947

Permit No. 43884 Office of Registrar of Vital Statistics.

NOV 4 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No~~ 43884 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 3d 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza A. Tomlinson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 25 & 20.

*Place of Death,* {Give street and number.} 90 Lee St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cancer of Uterus. (Encephaloid)

*Duration of Last Sickness,* 10 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* November 5.

*Undertaker,* C. B. Clark.

*Place of Business,* 82 West Street.

R. J. N. Tall M.D.,
Medical Attendant.

*Address,* 152 Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Powell

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 12 *Years,* 0 *Months,* 0 *Days.*

*Color,* Dark brown

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt County

*Duration of Residence in the City of Baltimore,* one year

*Place of Death,* {Give street and number} No 26 Pine st

*Cause of Death* { First, (Primary,) Scrofula
Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 4th 1880

{ *Undertaker,* Kearney & Thatcher
*Place of Business,* # 116 Orchard st

B F Bohrer M. D.
Medical Attendant.

*Address,* Cor Druid Hill & Dolphin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. T. West

~~*Sex,* Male or Female,~~ {cross out the word not required in this line.}

*Age,* 67 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

*Occupation,* Grocer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Northumberland Co. Va.

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* First, (Primary,) Bright's Disease

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* November 4th 1880

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N Eutaw St

F. J. Flanner *M. D.*
Medical Attendant.

*Address,* University Hospital.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 4
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Gally

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 7 *Months,* 4 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 413 W. Pratt

*Cause of Death,* First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 5, 1880

Edwd. F. Mulholland M. D.
Medical Attendant.

*Undertaker,* Henry Roath

*Place of Business,* 309 Central Av *Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43888

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Green

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Female~~ Male

*Age,* 54 *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.} Married

*Occupation,* Barber

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Paris, France.

*Duration of Residence in the City of Baltimore,* 20 years.

*Place of Death,* {Give street and number} 9 Centre Market Space

*Cause of Death* First, (Primary,) Organic Disease of Heart

Second, (Immediate,) Syncope

*Duration of last Sickness,* About one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery.

*Date of Burial,* 6th November

*Undertaker,* Daniel Rosing

*Place of Business,* Albemarle Street near Fonal.

D W Cathell M. D.
Medical Attendant.

*Address,* 21 Brevoort

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43889 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT 4 DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Köhn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 376 Orleans St

*Cause of Death,* First, (Primary.) Scarlatina maligna

Second, (Immediate.) Paralysis

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* November 4.

*Undertaker,* John Heaney

*Place of Business,* 382 Orleans St. *Address,* 245 S. Bond

F. Matthews M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43890

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT
NOV 1
1880
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia B. Guff

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 138 S. Regester St.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangel Cemty

*Date of Burial,* Nov 5th

*Undertaker,* H. Froehlich

*Place of Business,* 244 Eastern Av

G. L. Wilkins M.D.,
Medical Attendant.

*Address,* 770 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43891

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 4 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 3rd 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Lauck

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 3 *Months,* — *Days.*

*Color,* W

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 210 Aliceanna St

*Cause of Death,* First, (Primary.) Congestion of Brain

Second, (Immediate.) Suffocation

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem.

*Date of Burial,* Nov 5 1890

*Undertaker,* Henry Snider

*Place of Business,* 252 Canton Ave. *Address,* 248 Aliceanna

J. Whitridge M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 13894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday Nov 3 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Clow

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* From Birth

*Place of Death,* {Give street and number} 248 Raborg St

*Cause of Death* { First, (Primary.) Cholera Infantum

Second, (Immediate,) 2 months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loud Cemetery

*Date of Burial,* Nov 4 1880

*Undertaker,* W Lloyd Dingo

*Place of Business,* No 62 East Street

Kimmitt Norris *M. D.*
Medical Attendant.

*Address,* 502 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam'l M. Anderson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5 *Years,* 2 *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 56 Hamburg St

*Cause of Death* First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

*Duration of last Sickness,* 48 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* 5 Nov. 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* Montgomery & Light Sts Balto

J. C. Buck M. D.
Medical Attendant.

*Address,* 151 Hamburg St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 3rd 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mayard Francis,

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore, City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 17 Armstead Lane

*Cause of Death* { First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* Not known

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 5th 1880

*Undertaker,* Chas W. Krause

*Place of Business,* 84 Hanover St

J. M. White M. D.
Medical Attendant.

*Address,* Southern Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Cummings

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number} 218 N. Howard St

*Cause of Death* First, (Primary,) Teething

Second, (Immediate,) Meningitis

*Duration of last Sickness,* 2 weeks (Known only one day)

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem'y

*Date of Burial,* Nov 5th 1880

*Undertaker,* Jos F. Byrne

*Place of Business,* 59 N. Liberty St

W. B. Griffith M. D.
Medical Attendant.

*Address,* 216 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43896 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43896 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 4 1880 BALTIMORE.

*Date of Death,* November 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Anschutz

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Louisa Anschutz

*Age,* — *Years,* — *Months,* 4 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 192 E. Baltimore St

*Cause of Death,* First, (Primary.) Early - birth

Second, (Immediate.)

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* First German United Cemetary

*Date of Burial,* Novbr 5th 1880

*Undertaker,* Wm Nicolaus

*Place of Business,* 258 Alice Ann St; *Address,* 192 E Baltimore St

M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4389

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 3. 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice May Hooper

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} U. S. Patterson Park Ave.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Albuminuria

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* Nov. 5, 1886

*Undertaker,* M. A. Daiger

*Place of Business,* 714 S. Broadway

G. Glanville Luck M.D.,
Medical Attendant.

*Address,* Balt. & Pat. Ave.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4087 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#43898 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

*Date of Death,* Nov 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Eigenbrodt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 4 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 297 Hanover St

*Cause of Death,* First, (Primary.) Congestion of the Lungs

Second, (Immediate.) Influenza or Pneumonitis

*Duration of Last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Nov 6th — Newton Bro M.D.,

Medical Attendant.

*Undertaker,* P. N. Pindell

*Place of Business,* #131 Hanover Address, 146 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43897 #43899 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Jones

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* — *Months,* — *Days.*

*Color,* Colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Northumberland Co. Va

*Duration of Residence in the City of Baltimore,* About 20 years

*Place of Death,* {Give street and number.} 109 Conway St.

*Cause of Death,* First, (Primary.) Paralysis, 1 year

Second, (Immediate.) Paralysis, 1 month

*Duration of Last Sickness,* 2 or 3 months

All the above information should be furnished by the Physician. Had no attending Physician

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 5th 1880

*Undertaker,* E H Perkins Jr & Co

*Place of Business,* 130 Henrietta St

Dr. J. Beer M.D.
Medical Attendant

Coroner

Address, 161 E. Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43900

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov. 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kernan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 169 E. Chestnut Street

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patrick's

*Date of Burial,* Nov 5

*Undertaker,* M. Clarke & Son

*Place of Business,* 69 E. Baltimore *Address,* .....

James E. Shaw M.D., Medical Attendant

68 S. Broadway

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 2 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Daniel Geney

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 3 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} Cathedral St Extended

*Cause of Death,* First, (Primary,) S Canalis

Second, (Immediate,) Marasmus

*Duration of last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Hampden

*Date of Burial,* Nov 4th 1880

*Undertaker,* Edw'd T Sirvin

*Place of Business,* 271 N Eutaw St

J. H. Guiss M. D.
Medical Attendant.

*Address,* 257 Maryland ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43902 ~~43902~~ *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 4/80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie B. Ritzlaus

*Sex,* ~~Male or~~ *Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto,

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number. } 211 S. Ann st.

*Cause of Death,* { First, (Primary.) Scarlet fever

Second, (Immediate.)

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Bury

*Date of Burial,* Nov 5th

*Undertaker,* Wendel Bro

*Place of Business,* S Bond st

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 48903 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Mueller

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days,*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany (1820

*Duration of Residence in the City of Baltimore,* 1850

*Place of Death,* {Give street and number.} Baltimore Infirmary

*Cause of Death,* First, (Primary.) Acute Peritonitis

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Nov. 4th

*Undertaker,* Wendel Diffel

*Place of Business,* S. Bond st 151

Richard Gaither M.D.,
Medical Attendant.

*Address,* 111 Calvert St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 13904

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Sullivan

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 27 Years

*Place of Death,* {Give street and number} 10 Armistead Lane

*Cause of Death* {First, (Primary,) Consumption

{Second, (Immediate.) Exhaustion

*Duration of last Sickness,* about 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem'y

*Date of Burial,* Nov 6th 1880

*Undertaker,* C. F. Romer

*Place of Business,* Hanover St | *Address,* 77 Hill St.

Julius Ball M. D.
Medical Attendant.
Southern Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43905

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 4: 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Dent

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* white,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 213 Constitution St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) & Exhaustion

*Duration of Last Sickness,* Three months

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Nov. 7th, 80

G. G. Lusk *M.D.,*
Medical Attendant.

*Undertaker,* Thomas J Hughes

*Place of Business,* 60 E Balto St *Address,* Balto & Pacific

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43906 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 5 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Byron W. Lewis -

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* one *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 526 E. Chase St

*Cause of Death,* First, (Primary.) Erysipelas

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* November 6 1880

*Undertaker,* A.O.K. Bandell

*Place of Business,* 524 Chase. ~~and~~ York Road

Leo J. Dayton M.D.,
Medical Attendant.

*Address,* 222 N. Broadway

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

$2 37 1/2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 3d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R Sampson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* 3 days

*Place of Death,* {Give street and number.} 30 South St

*Cause of Death,* {First (Primary,) Diphtheria. Secoud (Immediate,) Suffocation}

*Duration of Last Sickness,* Six hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* ~~Oct~~ Nov 5

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga St

E. Whitelock M. D.
Medical Attendant.

*Address* 5 E. N. Calvert St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 4th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Matilda Brown

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. } Female

*Age,* 3d *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. } Single

*Occupation,* Servant

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 12 yrs

*Place of Death,* { Give street and number } City Hospital

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cemetery

*Date of Burial,* Nov 5th 1880

*Undertaker,* Patrick Murphy

*Place of Business,*

Wm Donahue M. D.
Medical Attendant.

*Address,* City Hospital

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43909 43909

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E Coale

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 48 *Years,* 11 *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

*Occupation,* Treasurer of Savings Bank

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* all his life in Balto & Balto County

*Place of Death,* {Give street and number.} 305. Madison ave.

*Cause of Death,* First (Primary,) Phthisis & Bright's disease

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* Four years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 6th Nov. 1880

*Undertaker,* H.W. Jenkins & Son

*Place of Business,* 16 Light St.

Wm Carey Thomas M.D.
Medical Attendant.

*Address* 317 Madison Avenue.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43910

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 5/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. R. Colyer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} —

*Age,* ..... *Years,* ..... *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 169 E. Wolf St.

*Cause of Death,* First, (Primary.) Catarrhal fever

Second, (Immediate.)

*Duration of Last Sickness,* 1 wk

All the above information should be furnished by the Physician.

*Place of Burial,* Western cimetary

*Date of Burial,* November 6

*Undertaker,* H. McGibbeyer

*Place of Business,* 341 Canton Avenue

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S Broadway

**...t from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

...TION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ...sician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ...n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...f death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFETY ▲ FI

Permit No. 43911 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 4 — 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Reardon.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} * 84 Fawn St

*Cause of Death,* First, (Primary.) Spasms.

Second, (Immediate.)

*Duration of Last Sickness,* 24 Hours

All the above Information should be furnished by the Physician.

*Place of Burial,* St Patricks - Cem"

*Date of Burial,* Nov 5 — 1880

*Undertaker,* M a Yager

*Place of Business,* 745 " Broadway

James A Steuart M.D.,

Medical Assistant.

Health Commissioner

Address, Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ent by, John E Dunning

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 4. 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Brandhoff

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 42 *Years,* 9 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} 389 So. Eutaw St.

*Cause of Death,* First, (Primary.) Laryngeal Phthisis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Nov 6th 1880

*Undertaker,* C. F. Krause

*Place of Business,* 209 Hanover

W. H. Krug M. D.
Medical Attendant.

*Address,* 55 N. Greene St.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43913

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patk Gibney

~~Sex,~~ *Male or* ~~Female,~~ {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color.* White

*Married,* ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and number.} 136 Saratoga St

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Two Years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Ground

*Date of Burial,* Nov 7th 1880

Chas O'Donovan M.D.,
Medical Attendant.

*Undertaker,* Stewart & Mowen

*Place of Business,* 357 Park Ave *Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ina Steward

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 2 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } No 3 Scott pl

*Cause of Death* { First, (Primary,) Erysipelas / Second, (Immediate,)

*Duration of last Sickness,* One Month 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Nov 6th 1880

*Undertaker,* John J Meagher

*Place of Business,* Pratt & Eutaw

Jno J Slade M. D.
Medical Attendant.

*Address,* 106 Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43915

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 6. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 5 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Dowell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6. *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 54 McHenry Sts

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Membranous Croup

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Back Shurchurch Harford Co Md

*Date of Burial,*

*Undertaker,* B Harley

*Place of Business,* No 9 West St *Address,* 146 Hanover

Landon Loomis M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 1951

# Board of Health, City of Baltimore,

Permit No. 43916

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

*Date of Death,* Nov 4

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt V Bankus

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 4 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt md

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 848 W Franklin

*Cause of Death,* First, (Primary,) Membranous Croup

Second, (Immediate,) ____

*Duration of last Sickness,* about 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Nov 7th 1880

*Undertaker,* Jos B Carr

*Place of Business,* 1607 W Baltimore street

R K Kucas M. D.

Medical Attendant.

*Address,* 554 a Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 143917

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 5 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Degner

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* One *Years,* Eleven *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 179 Lemon St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Tubercular Meningetis

*Duration of last Sickness,* Eleven days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cem

*Date of Burial,* Nov 7 1880

*Undertaker,* J. B. Keck

*Place of Business,* 767 W. Balto St

D. S. Rieder M. D.
Medical Attendant.

*Address,* 87 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. BRUMBAUGH & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43918

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

*Date of Death,* Nov. 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Neiser.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower.~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life -

*Place of Death,* {Give street and number.} 540 Ramsey St

*Cause of Death,* First, (Primary.) Pulmonary tuberculosis & heart disease

Second, (Immediate.) Valvular disease of heart -

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olive Cem.

*Date of Burial,* Nov. 7 1880

*Undertaker,* J. B. Cook

*Place of Business,* 707 W. Balto. St

W. McNeglen M.D.,
Medical Attendant.

*Address,* 1 W Fayette & Calvert Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43919 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Albert Hart

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} # 214 N. Dallas St.

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Paralysis of heart

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* 7 of November

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Jay ~~St~~ *Address,* #305 N. Carrollton St

Geo. A. Hartman M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice L Smith

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 28 *Years,* ~ *Months,* ~ *Days.*

*Color,* White

~~*Married,*~~ *Single, Widow or ~~Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 84 Wilhelm St

*Cause of Death,* First, (Primary,) Typhus & Brain

Second, (Immediate,) Fever

*Duration of last Sickness,* 3 Weeks & Seven Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Nov 6 1880

Geo W Gordon *M. D.*
Medical Attendant.

*Undertaker,* C F Krause

*Place of Business,* 209 Hanover

*Address,* 144 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert James

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 14 ~~15~~ *Years,* ..... *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number} 112 Franklin St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Pulmonary hemorrhage

*Duration of last Sickness,* Some time — for 3 months —

All the above information should be furnished by the Physician.

*Place of Burial,* Bap. Ch. Cemetery

*Date of Burial,* December 6 1889

*Undertaker,* Matthew Anderson

*Place of Business,* 27 Hanover St

W. H. Kemp M. D.
Medical Attendant.

*Address,* 55 No. Green St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

*Date of Death,* November 5. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C. Redmond

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 69 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Labourer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Montgomery Co. Md.

*Duration of Residence in the City of Baltimore,* 18 yrs

*Place of Death,* {Give street and number} 24 D over St.

*Cause of Death* { First, (Primary,) Bright's Disease, comp. Diarrhea
Second, (Immediate,) Uraemia.

*Duration of last Sickness,* Six weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co.

*Date of Burial,* Nov 6th 1880

{ *Undertaker,* C. J. Sullivan
*Place of Business,* 211 E Eutaw

J. A. Pilson M. D.
Medical Attendant.

*Address,* 40 S. Fulton St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43923 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 5. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Anderson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* Six *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number.} 13 Clarke alley

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* November 6

*Undertaker,* Herbert Hoe

*Place of Business,* Holliday St

W. S. Bauze *M.D.,*

Medical Attendant.

*Address,* 202 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43924

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov - 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Clark

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 46 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single Married

*Occupation,* Barber

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore md

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 105 S. Spring St

*Cause of Death* First, (Primary,) Typhis Malarial Fever

Second, (Immediate,) —

*Duration of last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov. 6th 1880

*Undertaker,* Wm. H. Bishop Jr

*Place of Business,* 97 Druid Hill Ave.

James Bacon M. D.
Medical Attendant.

*Address,* Cor Argyle Ave & Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43925

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 4th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew Coffrel

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 57 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Laborer

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Virginia

*Duration of Residence in the City of Baltimore,* Twenty years

*Place of Death,* { Give street and number. } # 26 Stirling St

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Four hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Nov 7th 1880

*Undertaker,* Abraham Hayman

*Place of Business,* # 13 Saratoga St

Sam'l J Belt M.D.,
Medical Attendant.

*Address,* # 134 N Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43926

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 4. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abram Kemper

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number} 225 Lexington Street

*Cause of Death* First, (Primary,) Brights disease.

Second, (Immediate,) Heart failure

*Duration of last Sickness,* between one and two years.

All the above information should be furnished by the Physician.

*Place of Burial* Har. Sinai Cemetery

*Date of Burial,* Nov. 7 1880

Warren Brewer *M. D.*
Medical Attendant.

*Undertaker,* C. Hollander & Son

*Place of Business,* 22 N. Paca St. *Address,* 6 E. McCulloh St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 4th Nov. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Akers.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* machinist

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 224 William St

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate,) Asthenia

*Duration of last Sickness,* (One Year)

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Nov 7 80

*Undertaker,* Arnold & Denny

*Place of Business,* No 208 Light St

A. J. Dodge M. D.
Medical Attendant.

*Address,* 201 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43928

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 6. 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 5. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Smith

*Sex,* ~~Male~~ *or Female,* { Cross out the word not required in this line. }

*Age,* 19 *Years,* *Months;* *Days.*

*Color,* white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt. Md. Since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 14 Auburn St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* One month

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Co.

*Date of Burial,* Nov. 7th

*Undertaker,* Henry Snyder

*Place of Business,* 252 Eastern Ave

E. E. Rusk **M.D.,**

**Medical Attendant.**

*Address,* Balt. & Ross Sts.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 443929

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Eccles

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 571 N. Gay St

*Cause of Death,* First, (Primary.) Premature Birth (5½ Mos

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Nov 6th 1880

*Undertaker,* M. Fink

*Place of Business,* N. Gay St

[signature] M.D.,

*Address,* Comm of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by D. P. Smith & Son

Permit No. 43930 #43930 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Schultheis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ ~~Months,~~ 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 159½ Mulberry St

*Cause of Death,* First, (Primary.) Premature Birth 5 mos

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cem

*Date of Burial,* Nov. 6 1880

*Undertaker,* D. Schultheis

*Place of Business,*

Thos. H. Buckler M.D.,

~~Medical Attendant.~~

*Address,* Committee of Health for Legislature

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ep by Jos V. FitzPatrick

# Board of Health, City of Baltimore,

**Permit No.** 43931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anthony Ryan

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Laborer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Alexandria Va

*Duration of Residence in the City of Baltimore,* 10 yrs

*Place of Death,* { Give street and number } City Hospital

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Anaemia of brain

*Duration of last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Nov 7 th

J. H. Branham M. D.
Medical Attendant.

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount *Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[0742.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 113932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamilton Brunner

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 9 Hollins St

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 7th 1880

*Undertaker,* H. H. Weaver

*Place of Business,* 202 N Eutaw

Edw F. Nicholson M. D.
Medical Attendant.

*Address,* 283 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43933

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth McKenna

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Granby St

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Exhaustion &c

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 7 1880

*Undertaker,* James D Byrne

*Place of Business,* No 63 N Front St *Address,*

Chas O'Donovan *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Permit No. 43934

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 6 1880 BALTIMORE.

*Date of Death,* Nov 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Johnson

*Sex,* ~~Male~~, *Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} 90 Tyson St

*Cause of Death,* {First (Primary,) Paralysis / Second (Immediate,)}

*Duration of Last Sickness,* Four days

All the above Information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery J. E. Atkinson M. D.

*Date of Burial,* Nov 7th 1880 Medical Attendant.

{*Undertaker,* Sam'l W. Chase / *Place of Business,* 198 S. Howard St} *Address* 223 Madison Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 48935

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 4th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah J. Johnson

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* ____ *Years,* 4 *Months,* 22 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Nothing

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Continued

*Place of Death,* { Give street and number } 6 Plum Alley

*Cause of Death,* First, (Primary,) Whooping Cough & Exposure

Second, (Immediate,) Convulsions

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem. by J. A. Duke

*Date of Burial,* Jan 7th 1880 ____ *M. D.*

Medical Attendant.

*Undertaker,* E. A. Perkins & Co

*Place of Business,* 130 Henrietta *Address,* 146 Hill St

L. D. BY [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 40506

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 5. 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Banks

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* { Give street and number. } House Aunt

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Death,* Nov 8th 1880

W. S. Booze *M.D.,*

Medical Attendant.

*Undertaker,* E H Perkins Jr & Co

*Place of Business,* 130 Henrietta *Address,* 206 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 4873 / 43937 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 7 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* November 4th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia Woods

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Lancaster Co. Va

*Duration of Residence in the City of Baltimore,* About 35 yrs

*Place of Death,* {Give street and number.} On B & O. R.R. bet. Ridgely & Russell sts

*Cause of Death,* Verdict of Jury: First, (Primary.) Accidentally Killed from being Struck Second, (Immediate.) by an Engine on B & O. R.R.

*Duration of Last Sickness,* She died in less than two minutes after being Struck.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 7th 1880

E. A. Bell M.D.,
Medical Attendant.

{*Undertaker,* E. H. Perkins pro Co
*Place of Business,* 130 Henrietta

Coroner's Dep't
*Address,* 161 S. Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43938

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 1. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Chas.~~ Chas. Kay,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... 5 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 945 E. Fayette

*Cause of Death,* First, (Primary.) Marasmus,

Second, (Immediate.) & Laudnum

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Salt Peter Ba[illegible]

*Date of Burial,* 3 November

*Undertaker,* Non

*Place of Business,* E. A. Fu[illegible]

G. W. Luck M.D.,
Medical Attendant.

*Address,* Balt. & Bradenb[illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

945 Fayette

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 7 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 6 November 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanna Rausch Simmel

*Sex, Male or Female,* {Cross out the words not required in this line.} female

*Age,* 8 *Years,* 8 *Months,* 10 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Columbia Ave 193

*Cause of Death,* {First (Primary,) Convulsions

Second (Immediate,) Weakness — Exhaustion —

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* November 7, 1880

*Undertaker,* Andrew Knill

*Place of Business,* 206 Columbia Av.

L. F. Reinhardt M.D.
Medical Attendant.

*Address,* 224 W. Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 4394-40 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 4/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Hisley

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 263 N. Durham St.

*Cause of Death,* First, (Primary.) Gastric fever

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul Cem.

*Date of Burial,* Nov 7th

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Ave

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43944

The Physician who attended the person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John George Eckman

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 6 *Years,* 7 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } XXX

*Occupation,* XXX

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 136 E. Pratt St.

*Cause of Death* { First, (Primary,) Diphtheria / Second, (Immediate,) }

*Duration of last Sickness,* 6 Days - Dr. only saw him once.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Nov 8th

*Undertaker,* H. Brocklist

*Place of Business,* 244 Eastern Av

Chas E Dennis M. D.
Medical Attendant.

*Address,* 299 E Pratt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 14394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Scanlin

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Widow

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 24 Years

*Place of Death,* { Give street and number. } No 61 Lower St

*Cause of Death,* { First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 9th 1880

*Undertaker,* Wm L Marcher

*Place of Business,* No 150 Camden

J G Wandle *M. D.*
Medical Attendant.

*Address* 205 N Sandtard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Johnson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Any *Years,* ——— *Months,* ——— *Days.*

*Color,* Mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~ ~~Laborer~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 97 Gravel Alley

*Cause of Death,* First (Primary.) ———

Second (Immediate,) Convulsions

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 7. 1880

*Undertaker,* John L. Jondon

*Place of Business,* No 68 Park Ave

J. J. Ward *M. D.*
Medical Attendant.

*Address* 127 St Paul St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 139444

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George ~~Lester~~ Graham Lester

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 2 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 248 Aisquith St.

*Cause of Death,* First, (Primary.) Inflammation of Larynx

Second, (Immediate.) Apnoea

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Nov 8th/80

*Undertaker,* George Schilling

*Place of Business,* Ashland Square

Jno. S. Smith M.D.,
Medical Attendant.

*Address,* 19 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43945

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann McGlone

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 61 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number} No 664 Light St

*Cause of Death* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonaparte Cemetery

*Date of Burial,* November 8, 90

*Undertaker,* B. Koch

*Place of Business,* 82 West Pratt.

I. C. Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PAINTERS AND STATIONERS.

KODAK SAFETY FILM

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE NOV 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Green

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Eastern Shore Md

*Duration of Residence in the City of Baltimore,* Fourteen years

*Place of Death,* {Give street and number} 70 Bruce St

*Cause of Death,* First, (Primary,) Pleuritis

Second, (Immediate,)

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* November 7. 1880

*Undertaker,* William A Dugee

*Place of Business,* 10 Hacken Alley

John Nott M. D.
Medical Attendant.

*Address,* 5 Cor Lombard West Harlem Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 6.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan L. Hurst

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 8 *Months,* 16 *Days.*

*Color,*

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balt.

*Duration of Residence in the City of Baltimore,* During her life

*Place of Death,* {Give street and number.} 94 Monument St.

*Cause of Death,* {First (Primary,) Suffocation Catarrh

Second (Immediate,) One day

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cy.

*Date of Burial,* Nov 8 80.

*Undertaker,* Standish Manro

*Place of Business,* 35 Park

H. M. Watson M. D.
Medical Attendant.

*Address* 251 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43948 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jessie Mintz

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* House wife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* New Cath. Cy

*Date of Burial,* Nov 9th

*Undertaker,* Newell & Mercer

*Place of Business,* 35 East

L H Brantz M.D.,
Medical Attendant.

*Address,* City Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43949 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 8. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith May Coggins

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* four *Years,* seven *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number.} 146 E. Monument St.

*Cause of Death,* First, (Primary.) Fall – & blow on head –

Second, (Immediate.) Abcess of brain – Convulsions

*Duration of Last Sickness,* 10 days –

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Nov 8th 1880

Claude Van Bibber *M.D.,*
Medical Attendant.

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 ~~N.~~ Gay St. *Address,* 41 E. Franklin St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Fuster

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 5 *Years,* 2 *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 192 Augusta St

*Cause of Death* { First, (Primary.) Accidental Burn fm
Second, (Immediate,)

*Duration of last Sickness,* 5 hours

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* Nov 8 1880

*Undertaker,* Jas A Byrne

*Place of Business,* 63 Front

Edmund R Walker *M. D.*
Medical Attendant.

*Address,* Coroner's Office

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 12951

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th 80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Wolff.

*Sex,* ~~Male~~ *Female,* {Cross out the words not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

*Duration of Residence in the City of Baltimore,* All her life.

*Place of Death,* {Give street and number.} 162 Eastern Ave.

*Cause of Death,* First (Primary,) Acute Peritonitis, (Mar

Second (Immediate,) (Ill one week before I was called.)

*Duration of Last Sickness,* 9 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Hebron

*Date of Burial,* Nov 9th

*Undertaker,* Mon. Foley

*Place of Business,* Lock Avenue

John J. K. Shaw M.D.
" " "
Medical Attendant.

*Address,* City.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43952

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 7. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Dalyer.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 52 *Years,* 7. *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Wirtemberg. 28 yrs in U.S.

*Duration of Residence in the City of Baltimore,* 28 yrs.

*Place of Death,* {Give street and number} 116 Lemon St.

*Cause of Death* { First, (Primary,) Sarcomatous Tumor on Left Post. wall of Abdomen or pelvis
Second, (Immediate,) Slow Asthenia.

*Duration of last Sickness,* 8 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* Nov 8 1880

J. L. Dörbfer M. D.
Medical Attendant.

*Undertaker,* John P Poulges

*Place of Business,* 66 Fredrick Av *Address,* 40 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 43953 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie L Spruce

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 14 *Years,* *Months,* *Days.*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Johns Hopkins C.O. Asylum 206 & 208 W Biddle

*Cause of Death,* First, (Primary,) Probably Epilepsy

Second, (Immediate,) Meningitis

*Duration of last Sickness,* about 5 or 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp Street Cem.

*Date of Burial,* Nov 8th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 & 6 Druid Hill Ave

H. Winslow M. D.
Medical Attendant.

*Address,* 201 W. Biddle St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43954

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hayden Eloïse

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Asylum of the Little Sisters of the Poor cor: John and Valley Street

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* November 9th 1880

*Undertaker,* Henry Shultheis

*Place of Business,*

Wm. Brooke Boyle M.D.,

Medical Attendant.

*Address,* 116 E. Eager St,

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43955

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 8, 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov. 7th 1880 Anne Arundel

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Arundel

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* Wh

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give street and number.} 192 E. Lemmon

*Cause of Death,* First, (Primary.) Febris puerperum

Second, (Immediate.) Early birth in consequence of exhaustion

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. James United Cemetery

*Date of Burial,* Nov. 9th 80

*Undertaker,* Wm Nicolaus

*Place of Business,* 251 Aisquith St

J. Markell M.D., Medical Attendant.

*Address,* 245 E. Lemmon

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hezekiah Shipley

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* Seven *Days.*

*Color,* Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No 113 Sarah Ann st.

*Duration of Residence in the City of Baltimore,* one week

*Place of Death,* {Give street and number} 113 Sarah Ann st.

*Cause of Death* First, (Primary,) Inanition

Second, (Immediate,) Convulsions

*Duration of last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Jerusalem

*Date of Burial,* Nov 8th 1880

*Undertaker,* Peter Kommert

*Place of Business,* Mulberry St

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43985

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Kemp

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 50 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Blacksmith

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* Abt 45 Yrs

*Place of Death,* {Give street and number.} 486 Canton Av

*Cause of Death,* {First (Primary,) Phthisis Pulmonalis

{Second (Immediate,) Hemmorhage Asthenia

*Duration of Last Sickness,* abt 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathews Cemetery

*Date of Burial,* Nov 8th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

Charles Morfit M.D.
Corner E & Lombard
~~Medical Attendant.~~

*Address,* 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43958

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Lyons

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored

*Married,* ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the word not required in this line.} Married

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Howard County

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and number.} 137 Raburg St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 8th 1880

*Undertaker,* W. W. Dunger

*Place of Business,* East St

.....M.D.,

~~Medical Attendant.~~

*Address,* Comm'r of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health Sanitary Insp't

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43959

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emily E. Elgin

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Dressmaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Wicomico Co. Md.

*Duration of Residence in the City of Baltimore,* 10 years.

*Place of Death,* {Give street and number} 368 William

*Cause of Death* { First, (Primary,) Nervous Prostration
Second, (Immediate,) Typhoid Condition

*Duration of last Sickness,* about 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 8th 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St.

*Address,*

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 113960 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David George Danehey

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* X *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 224 Montgomery St

*Cause of Death,* First, (Primary.) Compression & Cerebral Hemorrhage
Second, (Immediate.) Caused by the falling of a Telegraph Pole, & Striking with the Pole which was on a truck on S. Charles St near Montgomery — died instantly

*Duration of Last Sickness,* Accident occurred about Immediately or within five minutes upon the Accident

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Nov 8th 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* 260 Light

Ed. Bec M.D.,
Medical Attendant.
Coroner

*Address,* 161 S. Charles

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Becker.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 9 *Years,* 8 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 229 Eastern Ave

*Cause of Death,* First, (Primary,) Sent for late for Diagnosis. Probably Malarial poisoning

Second, (Immediate,) Asthenia

*Duration of last Sickness,* Ailing for months - Ill three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Nov 8

*Undertaker,* H. Eifler

*Place of Business,* 1 & 3 Bond st. 151

D M Cathell M. D.
Medical Attendant.

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43962

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

*Date of Death,* Nov 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Oke

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland 29 yrs

*Duration of Residence in the City of Baltimore,* 29 yrs

*Place of Death,* {Give street and number.} 112 Union St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Senile decay

*Duration of Last Sickness,* Several almost helpless

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Nov 9th 1880

*Undertaker,* Walter Dunnel

*Place of Business,*

*M.D.,*

~~*Medical Attendant.*~~

*Address,* Comm of Health & Registra

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by Lew E. Bowen

Permit No. 43963

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Steinbacker

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 10 N. Chapel St

*Cause of Death,* First, (Primary.) Difficult delivery

Second, (Immediate.) Cyanosis

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Nov 8th 1880

*Undertaker,* Wm. F. Fink

*Place of Business,* N. Gay St *Address,* Comm. of Health & Regulations

*M.D.,*

~~Medical Attendant~~

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'd. by Jos. P. Smith

OVER.

# Board of Health, City of Baltimore,

Permit No. 13964

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sievers

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Eight *Years,* — *Months,* — *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} No 31 Fremont St

*Cause of Death,* First, (Primary,) Acute Rheumatism

Second, (Immediate,) Valvular Disease of Heart

*Duration of last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Nov. the 8th 1880

*Undertaker,* Wm A Lungee

*Place of Business,* 62 East St

Whitefield Wines M. D.
Medical Attendant.

*Address,* 116 E Fayette St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43965

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 4th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton Oddeu

*~~Sex~~, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* 9 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Lemonade

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and number.} No 40 Bradford Alley

*Cause of Death,* First, (Primary.) Inflammation of Kidneys

Second, (Immediate.) Debility & Remote

*Duration of Last Sickness,* 9 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* St. Alphonsus

*Date of Burial,* Nov. 9th '80

*Undertaker,* J. H. Strance

*Place of Business,* 280 Canton Av

M. H. Harris —— M.D.,
Medical Attendant.

*Address,* Cor. Central Ave & Bartlett St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 43966

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 8, 1880 BALTIMORE

*Date of Death,* Nov 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Hayes

*Sex, Male or ~~Female~~.* {Cross out the word not required in this line.}

*Age,* 78 *Years,* none *Months,* *Days.*

*~~Color~~,*

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and number.} Hoffman St near Washington

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.) Phthisis Pulmonalis

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nober 9 1880

*Undertaker,* Denny and Mitchell

*Place of Business,* 6 & S. Broadway

W W White, M.D.,

~~Medical Attendant.~~

*Address,* 817 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ishiah Johnson.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* B *Sex,*

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* All know

*Place of Death,* {Give street and number.} 66 Oxford st

*Cause of Death,* First (Primary,) A fall

Second (Immediate,) General Paralysis

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 8 1880

*Undertaker,* H McChase

*Place of Business,* No 198 Howard *Address* Eutaw & Hoffman Sts

William Lee M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 43968

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 9 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 6th November 1889

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Crumpton Andrews

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 23 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Clerk

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore County

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* { Give street and number } 413 North Stricker St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate,) Pulmonary Consumption

*Duration of last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Stone Chapel Baltimore Co

*Date of Burial,* Nov 9

E. W. Littell M. D.
Medical Attendant.

*Undertaker,* C. H. Burgess

*Place of Business,* 201 Penn Ave *Address,* ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13969

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

*Date of Death,* Nov 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Ellen Beaver

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Beltsville Prince Geo. Md.

*Duration of Residence in the City of Baltimore,* 1 Month

*Place of Death,* {Give street and number} Nursery & Child's Hospital

*Cause of Death* First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Nov 8

C. F. Brune. *M. D.*
Medical Attendant.

*Undertaker,* C. W. Hazard

*Place of Business,* 201 E Pratt *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43970 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Burk

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 14 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 59 Gibbs court

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Nov 9 1880

*Undertaker,* Abram Wayne

*Place of Business,*

J. Thos. Steiner M.D.,
Medical Attendant.

*Address,* Comm'r of Health
Precinct

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by J. P. Smith

Permit No. 4397

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 8th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Schelle

*Sex,* ~~*Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 4 McElderry

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 10 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Nov 10th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

J Miller M.D.,
Medical Attendant.

*Address,* 9 N Greene St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 43972

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Armistead Neal

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* Years, 3 Months, Days.

*Color,* Black *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* whole life

*Place of Death,* {Give street and number.} 169 Peirce Street

*Cause of Death,* First (Primary,) Whooping-Cough

Second (Immediate,) Convulsions

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemtry

*Date of Burial,* Nov. 9th 1880

*Undertaker,* Hemsley & Madden

*Place of Business,* #116 Richard St

G. C. Gibbons M. D.
Medical Attendant.

*Address* 47 Edmondson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended dnring his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

*Permit No.* 4397 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah R. Dufur.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* 8 *Months,* 19 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Always.

*Place of Death,* {Give street and number.} No 328 W. Fayette St.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* 3 Year

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* November 10th

{*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw St

Pembroke M. Wendell M. D.
Medical Attendant.

Address No 205 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 43974

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov" 6 - 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Ann Williams Holmes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~~ *Years,* ~~~ *Months,* 1. *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 236. West St

*Cause of Death,* First, (Primary.) Asthenia

Second, (Immediate.) Life

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem.

*Date of Burial,* Nov 9 - 1880.

*Undertaker,* Geo W. Perkins & Co

*Place of Business,*

James A Steuart M.D.,
~~Medical Attendant.~~
Health Commissioner
Registrar

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ax by Jno E Sunday

Permit No. 43975

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Free

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 91 *Years,* — *Months,* — *Days.*

*Color,* white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Penna

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} N. W. Cor Penn^a Ave & Cumberland

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Senile decay

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shrewsbury Pa

*Date of Burial,* Nov 9th 1880 Jas A Steuart M.D.,

~~Medical Attendant.~~

*Undertaker,* I. F. Byrne

*Place of Business,* Liberty St *Address,* Comm of Health Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans 1953 — Exam'd Geo E. Ross

# Board of Health, City of Baltimore,

Permit No. 13976

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 3 1889 BALTIMORE

*Date of Death,* November 8th, 1889, A. M.

*Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Thiele

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 5 *Months,* 11 *Days.*

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} No. 147 Columbia ave.

*Cause of Death* First, (Primary,) Scarlet fever

Second, (Immediate,) Convulsions

*Duration of last Sickness,* Four days.

All the above information should be furnished by the Physician.

*Place of Burial,* Gor. Luth. St. Mathews cemetery

*Date of Burial,* November 9, 89

*Undertaker,* M. S. Dees

*Place of Business,* 183 Columbia Ave

Emil Helderich M. D.
Medical Attendant.

*Address,* 147 E. Co. Columbia Ave & Aisquith

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43977

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 8th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Perine

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X

*Occupation,* X

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 26 Cathedral St Balto, Md

*Cause of Death,* First, (Primary.) Debilitas

Second, (Immediate.) Gastro Intestinal Catarrh.

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 10th Nov 1880

*Undertaker,* H.W. Jenkins & Son

*Place of Business,* 16 Light st.

Alan P Smith, M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 9 1 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 8th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie May Balmer

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 22 *Months,* 9 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 242 Saratoga st

*Cause of Death,* First (Primary,)

Second (Immediate,) Scarlatina

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemet

*Date of Burial,* Nov 10th 1889

Frank W Gunner *M. D.*
Medical Attendant.

*Undertaker,* Phillip Brauer

*Place of Business,*

*Address* 187 Saratoga st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43979

The Physician who attended any person in a last illness is responsible for the presentation of thia Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

*Date of Death,* Nov 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Jackson Jr

*Sex, Male or ~~Female,~~* {cross out the word not required in this line.}

*Age,* 11 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single,~~ ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* 1 Week

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* { First, (Primary,) Paralysis
Second, (Immediate,) Asthenia

*Duration of last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Plymouth Walk Co. Md.

*Date of Burial,* Nov 9/80

{ *Undertaker,* F A Kerchner
*Place of Business,* 50 S Carrollton Ave

J W Ellis M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1953 Transit

[OVER.]

Permit No. 43980

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Johnson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 2 8 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Washington City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.) Child teething

Second, (Immediate.) Arrested first dentition and shock from exhaustion

*Duration of Last Sickness,* a week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Nov 9th 1880

*Undertaker,* Pat Mullin

*Place of Business,* ——

J. J. Neave M.D.,
Medical Attendant.

*Address,* 127 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Permit No. 4398

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Scott Cole

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 11 *Months,* — *Days.*

*Color,* Mulatto

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Washington City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (immediate.) Marasmus

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Nov 9th 1880

*Undertaker,* Pat Mullin's

*Place of Business,* —

T. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 13982

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE

*Date of Death,* Oct. November 8th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Liefert

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* About 60 *Years,* *Months,* *Days.*

*Color,* C

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Janitor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* Twenty eight yrs.

*Place of Death,* {Give street and number} No 26 Raborg Street

*Cause of Death* { First, (Primary,) Phthisis with Valvular Disease of Heart
Second, (Immediate,)

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 10 1880

{ *Undertaker,* H. W. Chase
*Place of Business,* 198 Howard St

Chas. W. Wolf M. D.
Medical Attendant.

*Address,* 306 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43983

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 6th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Elizabeth Ireland,

~~*Sex, Male or* Female,~~ {cross out the word not required in this line.} Fem

*Age,* ____ *Years,* 12 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 12 mos.

*Place of Death,* {Give street and number} 6 Gould's Lane

*Cause of Death,* First, (Primary,) Hooping cough

Second, (Immediate,) convulsions

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~H. & O. Cemetery~~ Greenmount Cemetery

*Date of Burial,* Nov 9th

R. B. Fishburne M. D.
Medical Attendant.

*Undertaker,* B. Harle

*Place of Business,* 82 West Street *Address,* Light & Cross Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No:** 43984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 9 1880 BALTIMORE

*Date of Death,* Nov. 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Georgianna Curtis

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 26 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Domestic

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 29 Wagon alley

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate,) .....

*Duration of last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns St Cemetery

*Date of Burial,* Nov 10th 1880

H F Hill ..... *M. D.*
Medical Attendant.

*Undertaker,* Peter Kummer

*Place of Business,* Mulberry St *Address,* 361 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43985

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Aug. Ph. Wm Zimmerman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 1 *Months,* 2 *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~.* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 765 Pennsylvania Ave ext.

*Cause of Death,* First, (Primary.) Abdominal Typhoid fever

Second, (Immediate.) Hydrocephalus acutus (Leptomeningitis)

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Calvel

*Date of Burial,* Nov 11 1880

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Ave

Mary Salzer *M.D.,*
Medical Attendant.

*Address,* 163 W Lombard St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 43986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Arthur Kaufman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No 8 Dewberry Alley

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} No 8 Dewberry Alley

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) Inanition

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Western Cemetery~~ Loudon Park

*Date of Burial,* Nov 10th, 1880

*Undertaker,* S. H. Levin & Son

*Place of Business,* 182 W Baltimore

F. V. Benson M. D.
Medical Attendant.

*Address,* 187 Hollins St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 43987

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov. 9. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne & John Wolfe (Parents)

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ~ *Years,* ~ *Months,* 2 hours *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* as above

*Place of Death,* {Give street and number.} # 467 N. Gay st.

*Cause of Death,* First, (Primary.) Premature birth (5½ months)

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* 10 November

*Undertaker,* Adam Fink.

*Place of Business,* 461 N. Gay St. *Address,* # 305 N. Caroline st.

Geo. A. Hartman M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43988

The Physicinn who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 10 1930 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Perry S. Roberts

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* About 35 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Porter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Rhode Island Not

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 166 Henrietta St

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

*Duration of Last Sickness,* For several years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 10 1880

*Undertaker,* C. W. Chase

*Place of Business,* 122 Hanover St

H. S. Boulton M. D.
Medical Attendant.

*Address* 162 Madison St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BOARD NOV 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Oct. 28th 1880 Nov 10th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Libby Carson

*Sex, ~~Male or Female~~,* { cross out the word not required in this line. }

*Age,* —— *Years,* 1 *Months,* 20 *Days.*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } 118 St. Peter St

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 118 St. Peter St

*Cause of Death* { First, (Primary,) Inanition

Second, (Immediate,) Inanition

*Duration of last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Nov 11th 1880

A. M. Coulson M. D.
Medical Attendant.

{ *Undertaker,* John Thatcher

{ *Place of Business,* No 150 Camden

*Address,* 343 St Paul

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43990

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 10th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James H Miles

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* Carpenter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give street and number.} 282 Jno. Henry St

*Cause of Death,* First (Primary,) ....

Second (Immediate,) Consumption

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician

*Place of Burial* Baltimore Cemetery

*Date of Burial,* Nov 12 1880

*Undertaker,* Jos H Leech

*Place of Business* No 707 W Baltimore Street

H. H. Webster *M. D.*
Medical Attendant.

*Address* 298 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 9 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Verdumina Hughes

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 137 Division St

*Cause of Death* First, (Primary,) Cancer of face

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cambridge Md

*Date of Burial,* Nov 11

*Undertaker,* J. C. Hough

*Place of Business,* 319½ Baltimore *Address,* 42 Morton St

Chas Tunnell *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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Permit No. 43992

Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov. 9th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Amermayer

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 62 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number.} 89 S. Charles

*Cause of Death,* First, (Primary.) Apoplexia cerebri

Second, (Immediate.) Paralysis

*Duration of Last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Nov. 12th '80

*Undertaker,* H. Franck

*Place of Business,* 280 Canton Ave

F. Flatten M.D.,
~~Medical Attendant~~

*Address,* 245 S. Baltimore

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 43993

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton G. Lötz

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.* ✓

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* " "

*Place of Death,* {Give street and number.} Dr Hospital

*Cause of Death,* First, (Primary.) Tubercalosis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* About 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Nov 11th 1880

*Undertaker,* H Schultheis

*Place of Business,* E Monument St *Address,*

Edw J Kelly M.D.,

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 43994

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 10th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Medtart

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 28 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 28 yrs

*Place of Death,* {Give street and number} City Hospital

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) unknown

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Nov 11th 1880

*Undertaker,* J. B. Blackistone

*Place of Business,* —

J. H. Buchanan M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

[illegible] of Baltimore,

Permit No. 41995

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

*Date of Death,* Nov. 9/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine L. Berkley

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 365 East. av.

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of Last Sickness,* 2 mos.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mt Carmel

*Date of Burial,* Nov 11th

*Undertaker,* H. Froehlich

*Place of Business,* 244 Eastern av

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 1178 Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ses on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 9th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William G. Heckman

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 4 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } XXX

*Occupation,* XXX

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 136 S. Ann

*Cause of Death* { First, (Primary,) Diphtheria / Second, (Immediate,) }

*Duration of last Sickness,* About 4 or 5 Days - Was Called in on 8th

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Nov 11th

*Undertaker,* H. Fischlich

*Place of Business,* 244 Eastern Av

Saml E Donnelle M. D.
Medical Attendant.

*Address,* 199 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 43997

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD NOV 10 1880

## CERTIFICATE OF DEATH.

*Date of Death,* November 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Conn

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* — *Years,* 6 — *Months,* — *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} No 5 Clement Alley

*Cause of Death,* First (Primary,) Capillary Bronchitis

Second (Immediate,) Collapse

*Duration of Last Sickness,* about 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Nov 10th 1880

*Undertaker,* James F Byrne

*Place of Business,* No 62 N. Front St

Chas. Wolff M.D.
Medical Attendant.

*Address,* 67 S Bond St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43998

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 9. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Rose

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 1 *Years,* 8 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~

*Occupation,* ~~=~~

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 1393 Wolfe St. near Bank St.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate,) Eclampsia — paralysis

*Duration of last Sickness,* Three weeks. / Chronic Inflam Diarrhoea, July. Aug. Sept.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Cemetery

*Date of Burial,* November 12th 1880

A. V. Goswiler, a M., M. D.
Medical Attendant.

*Undertaker,* Leonhard Kurtz

*Place of Business,* S. Bonds n E. 2 x x

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...ck of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 43999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10, 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 18th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Howell

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 17 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 18 Randall St

*Cause of Death* { First, (Primary,) Typhoid Fever
Second, (Immediate,) 4 Weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lidon Hill Cem

*Date of Burial,* November 10 -

*Undertaker,* B Hark

*Place of Business,* 82 West St,

I C Bruch M. D.
Medical Attendant.

*Address,* 15 N Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

5

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office whence issued, Saturday of each week.

No. 44000

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44000

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Simson

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 87 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Tradesman formerly

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and number} 126 E. Fayette St

*Cause of Death* First, (Primary,) Spasmodic asthma

Second, (Immediate,) chronic asthma & Senile Marasmus

*Duration of last Sickness,* 3 or 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Hebrew Cemetery

*Date of Burial,* Nov. 12th 1880

*Undertaker,* Wm. Eilau

*Place of Business,* 101 Gough St

G A Dohme M. D.
Medical Attendant.

*Address,* 86 E Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report in forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate, in which shall be stated, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, the cause and date of death, except in cases of births and deaths of illegitimate children.

PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully ...

# Board of Health, City of Baltimore,

Permit No. 44001

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta F. Abbott

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* House Keeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City V

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 25 Hamburg St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Church Creek Dorchester County

*Date of Burial,* Nov 13th 1880

*Undertaker,* J. Harle

*Place of Business,* 68 West st

H. B. Noble M.D.,
Medical Attendant.

*Address,* 17 Warren av

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transcript 1958

The Special Attention of Physicians is Respectfully Invited to ...

# Board of Health, City of Baltimore,

Permit No. 14002

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Wise

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* 5 *Months,* ~~~ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 30 W^c Eldersy St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 11th 1880

*Undertaker,* The^o T. Locke

*Place of Business,* Orleans St

James A Steuart M.D., Medical Attendant

*Address,* County of Health Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr P. Smith

[OVER.]

The Special Attention of Physicians is respectfully ...

# Board of Health, City of Baltimore,

Permit No. 144883 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 9th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Jones.

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 3 *Years,* 9 *Months,* 2 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Calvert Co, Md. 18 months.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 34 Dorsett Alley.

*Cause of Death,* First, (Primary.) Acute Articular Rheumatism

Second, (Immediate.) Meningitis.

*Duration of Last Sickness,* About 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* November 11. 1880

*Undertaker,* Wilcomet & Dwyer

*Place of Business,* 10 Steben Alley

H. Rickert M.D.,
Medical Attendant.

*Address,* # 320 Penna. Ave.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS,

*Permit No.* 44104

HEALTH DEPARTMENT NOV 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 10 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence E Brack

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 2 *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~~—~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 55 N Bethel

*Cause of Death,* First, (Primary,) Catarrh of Chest

Second, (Immediate,)

*Duration of last Sickness,* 9 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 12. 1880

*Undertaker,* William H Burgee

*Place of Business,* 62 East St

E M Ray *M. D.*
Medical Attendant.

*Address,* 15 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

No. 4[illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44005

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 10 1930 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 10th 1930

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Walker

*Sex, Male or Female,* {cross out the word not required in this line.} Female.

*Age,* 37 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single —

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 421 Franklin St

*Cause of Death,* First, (Primary,) Tuberculosis Abdominalis

Second, (Immediate,) Chronic Diarrhea —

*Duration of last Sickness,* in all — about 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Nov 11

*Undertaker,* J B Crook

*Place of Business,* 707 West Balto

A H Lacken *M. D.*
Medical Attendant.

*Address,* ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO., PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the

# Board of Health, City of Baltimore.

Permit No. 44006

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 10 - 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Ida Dro Hegeman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 14 hours ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} — —

*Occupation,* — — —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 7. Weber ch. V

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Spasms

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Nov 11th 1880

*Undertaker,* Barney Harle

*Place of Business,* 52 West St

James A Steuart M.D.,

Medical Attendant.

Commissioner of Health

*Address,* & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ent 9 John E Timmins

The Special Attention of Physi...

# Board of Health, City of Baltimore,

Permit No. 44407

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 10/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Colyer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* *Days.*

*Color,* whit

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Lewis Ann Co. Md.

*Duration of Residence in the City of Baltimore,* 2 mos.

*Place of Death,* {Give street and number.} 169 S. Wolf St.

*Cause of Death,* First, (Primary.) Scarlet fever

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 11

*Undertaker,* Theadore F Lecte

*Place of Business,* 73 Aisquith

R.W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of [illegible]

# Board of Health, City of Baltimore,

Permit No. 44008

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 10th November 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friderich Fischer.

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* 24 *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* cooper.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baiern, Germany.

*Duration of Residence in the City of Baltimore,* since 1862.

*Place of Death,* {Give street and number} No. 3 S. Washington Str.

*Cause of Death* First, (Primary,)

Second, (Immediate,) Induratio v. Lonacki

*Duration of last Sickness,* two months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Nov. 12th 80

*Undertaker,* M. Franss

*Place of Business,* 2nd Lan La Iron

Robert Smithson M. D.
Medical Attendant.

*Address,* 121 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permits for Burial

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 44109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antoin Bruk

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 27 *Years,* *Months,* *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} Barque Stormy Petrel, Commercial Wharf

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Exposure & Intemperance

*Duration of Last Sickness,* Sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Nov 12th '80

*Undertaker,* M. Frances

*Place of Business,* 280 Canton Ave

Chas. Merrill M.D.
Coroner & Medical Attendant.

*Address,* 67 East Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Theresa Augusta Marich

*Sex,* ~~Male~~ or Female, {cross out the word not required in this line.}

*Age,* ~~~ *Years,* 21 *Months,* ~~~ *Days.*

*Color,* White

*Married, Single, ~~Widower or Widow~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 144 Sharp Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 144 S. Sharp Street

*Cause of Death,* First, (Primary,) Natural

Second, (Immediate,) Cerebral Meningitis

*Duration of last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 12th

*Undertaker,* A. N. Duvall

*Place of Business,* 151 Hanover St

By R. Wiley M. D.
Medical Attendant.

*Address,* 158 Hanover Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physi...

# Board of Health, City of Baltimore,

Permit No. 44011

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 11, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie May Butler

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 8 *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 3 yrs, 8 mos

*Place of Death,* {Give street and number.} 369 E. Wall Av.

*Cause of Death,* First, (Primary.) Diptheria

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Nov 12th 1880

*Undertaker,* Thos L Hughes

*Place of Business,* 111 E Balto

J. Edwin Michael M.D.,
Medical Attendant.

*Address,* 248 Madison Av.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44012 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 10. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Michael Lightner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 47 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Bricklayer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 329 Harford Av.

*Cause of Death,* First, (Primary.) Obscure, but supposed to be malignant disease of the Stomach for upper portion of intestinal tract

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 4 or 5 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt's Cemetary

*Date of Burial,* Nov 12

*Undertaker,* Geo Rodenmeyer

*Place of Business,* ———

Geo. A. Wathen M.D.,
Medical Attendant.

*Address,* 305 N. Caroline St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physi...

# Board of Health, City of Baltimore,

**Permit No.** 44013 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 11. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Virginia Davis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 323 Hollins St

*Cause of Death,* First, (Primary.) Congestion of Lungs

Second, (Immediate.)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Nov 12th 1880 James Boaley *M.D.,*

Medical Attendant.

*Undertaker,* Stewart & Morrow

*Place of Business,* 35 Fork *Address,* 319 Hollins st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14414

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Bailey Hamilton

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 81 ~~82~~ *Years,* 4 *Months,* 16 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore County Md

*Duration of Residence in the City of Baltimore,* 76 Years

*Place of Death,* {Give street and number} 80 Stiles St

*Cause of Death* First, (Primary,) Cancer of the head

Second, (Immediate,) 2 Years

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Elkridge Landing

*Date of Burial,* Nov 12th 1880

*Undertaker,* John Thacher

*Place of Business,* No 150 Eastern Av

D Hanney M. D.
Medical Attendant.

*Address,* 80 Stiles St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44015

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 14
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Lusby

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 75 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* ~~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 62 years

*Place of Death,* {Give street and number} 48 S. Amity

*Cause of Death* { First, (Primary,) Paralysis
, Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Cemetery Old Road

*Date of Burial,* Novem 12th 1880

*Undertaker,* Benny & Mitchell

*Place of Business,* 69 S Broadway *Address,* [illegible]

[illegible] *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

MORGAN STATE COLLEGE FILM

The Special Attention of Physicians is Respectfully Invited ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4404 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Wednesday Nov 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Coin (Coyne)

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* about 64 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 32 years

*Place of Death,* {Give street and number} 96 Chesapeake St between Hudson & Lancaster

*Cause of Death* { First, (Primary,) Asthma Intermitan fever
Second, (Immediate,) Cerebral Congestion

*Duration of last Sickness,* Long time

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick Cem

*Date of Burial,* November 11th

J. E. Richards M. D.
Medical Attendant.

*Undertaker,* Chas. T. Somers

*Place of Business,* 271 N. Eutaw St *Address,* 28 O Donnell St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Brundin

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,) Spasm

*Duration of last Sickness,* When received

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Nov 11. 1880

*Undertaker,* H. Brannigan

*Place of Business,* 113 Divine St.

Martin Brewer *M. D.*
Medical Attendant.

*Address,* 68 N Eutaw St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44018

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa M. Brooks

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 66 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give street and number} 308 E. Eden St.

*Cause of Death,* First, (Primary,) Dyspepsia

Second, (Immediate,) General debility

*Duration of last Sickness,* 15 Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mary Cemetery Govanstown

*Date of Burial,* Nov 12th 1880

*Undertaker,* Henry H. Mears

*Place of Business,* 45 N. Gay St.

No. Forrest Poole M. D.
Medical Attendant.

*Address,* Neb. E. Eager St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 46019

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Scott

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 69 *Years,* 8 *Months,* 10 *Days.*

*Color,* White

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Sailor = One of the Old Franklin Fireman 1827

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 31 2 Stanford St

*Cause of Death* { First, (Primary,) Chronic Rheumatism
Second, (Immediate,) Adynamia

*Duration of last Sickness,* 10 years Confined to Bed = I attended him as Family patient regular for seven years.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 13 1880

*Undertaker,* Geo J Schilling

*Place of Business,* Fulton & Lafayette

A Irving Shortzer M. D.
Medical Attendant.

*Address,* 11 S 14th St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Un-named Martha Dorsey Meade Milton Dorsey

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Years, Months, 11 hours Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 11 hours

*Place of Death,* {Give street and number} 28 Parrish St

*Cause of Death* {First, (Primary,) Premature birth
~~Second, (Immediate,)~~ Twas sent for but being out, did not get the Message

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* November 11-1880

*Undertaker,* Samuel H. Chase

*Place of Business,* 198 S. Howard St *Address,* 262 Madison Ave

Elias C Price M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physi...

# Board of Health, City of [illegible],

**Permit No.** 44021 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, of sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 9. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Ann C. Malloy,

*Sex,* ~~Male~~ *or Female,* { Cross out the word not required in this line. }

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* white.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* Housewife,

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt. Md. Since birth

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 261 E. Ann St.

*Cause of Death,* First, (Primary.) Traumatic Pneumonia

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* One week

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cemetery

*Date of Burial,* Nov. 12th 1880

*Undertaker,* M. A. Dazier

*Place of Business,* 94 S. Broadway

C. G. Glanville, Lusk M.D.,
Medical Attendant.

*Address,* Balt. & Park. Rds.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 44422

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, November ~~September~~ 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sophia Mowbray

Sex, ~~Male~~ Female, {cross out the word not required in this line.} Female

Age, 40 Years, 10 Months, 25 Days.

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

~~Occupation~~,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co. Maryland

Duration of Residence in the City of Baltimore, ~ 18 years ~

Place of Death, {Give street and number} No 14 Paterson, Park Avenue

Cause of Death, First, (Primary,) Cancer of the liver & Mamma

Second, (Immediate,) (Scirrhus)

Duration of last Sickness, ~ Six Months ~

All the above information should be furnished by the Physician.

Place of Burial, Camp Chapel, Balto. Co.

Date of Burial, Nov. 13 1880

Undertaker, M. A. Dayger

Place of Business, 94 S. Broadway

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 10th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Hanlon

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 26 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Baker

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number } Cor Bunch & Madison sts

*Cause of Death,* { First, (Primary,) St Thomas's / Second, (Immediate,) }

*Duration of last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 12 1880

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Grant

Applegate M. D.
Medical Attendant.

*Address,* 137 N. Green st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 44054

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

*Date of Death,* November 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Wagner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* 11 *Months,* 27 *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~.* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Years.

*Place of Death,* {Give street and number.} 68 Rebecca St

*Cause of Death,* First, (Primary.) Phthisis,

Second, (Immediate.)

*Duration of Last Sickness,* one Year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 12th 1880

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Rose sts, *Address,* 161 So Sharp St

Had No Physician Attendant

Dr. Beck M.D.,

Medical Attendant.

Coroner

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

Permit No. 44025

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or her, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 11. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catharine Wright

*Male or Female,* { cross out the word not required in this line. } Female

*Age,* 91 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 133 Mosher Street

*Cause of Death* { First, (Primary,) Senile decay

Second, (Immediate,) Asthenia

*Duration of last Sickness,* Gradual Failing

All the above information should be ~~furnished by~~ the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 13 Nov

*Undertaker,* J J C Hahn

*Place of Business,* 341 Penn Ave *Address,* 6 N Eutaw St

Charles Brown *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**Board of Health, City of Baltimore,**

Permit No. 44026

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 12th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph A Hansen Elizabeth A Hansen } Parents

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* New born Infant *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 56 Cumberland St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* 5 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park

*Date of Burial,* 12 Nov

*Undertaker,* J J Chalaron

*Place of Business,* 341 Pennsylvania Ave *Address,* 89 N Gilmor St

L L Keller *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of [illegible]

Permit No. 44027

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Novbr 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Schmidt

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Shoemaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 years.

*Place of Death,* {Give street and number.} N.E. Cor Gay and Caroline Street

*Cause of Death,* First, (Primary.) Abscess at the Rectum & Colon

Second, (Immediate.)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Nov. 13th 1880

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St

J. C. Schwarz M.D.,
Medical Attendant.

*Address,* S.E. Cor Gay & Caroline Street

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44028

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 10, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Eglestar

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Female~~

*Age,* 78 *Years,* — *Months,* — *Days.*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ Widower

*Occupation,* Gardener

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} at the rear of 121 Sharp st

*Cause of Death,* First, (Primary,) Consumption & old age

Second, (Immediate,)

*Duration of last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* November 12 1880

*Undertaker,* Charles E White

*Place of Business,* 5 Frankfort st *Address,* 260 S. Eutaw st

J. J. Shutt M. D.
Medical Attendant

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully

# Board of Health, City of Baltimore,

Permit No. 44029

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sister Mary Celestine O'Brien

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,* Teacher in convent

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Convent of Visitation Park St

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* About 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Convent yard Park and Centre Sts

*Date of Burial,* 12th Nov. 1880

*Undertaker,* H.W. Jenkins & Son

*Place of Business,* 16 Light St.

Chas. O'Donovan M.D.,
Medical Attendant.

*Address,*

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### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44030

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 10. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W Cain

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Cor N Lombard St & ~~Broadway~~ Stockton Alley

*Cause of Death,* First, (Primary.) Typho-malarial Fever

Second, (Immediate.)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 12th

*Undertaker,* C. L. Doll

*Place of Business,* #131 Hanover St *Address,* 319 Hollins St

James Bosley *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 44031

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 12 Nov 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Stecker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and number.} 61 N. Mi Elligott.

*Cause of Death,* First, (Primary.) Phthisis.

Second, (Immediate.)

*Duration of Last Sickness,* 16 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Novem 13 1880

*Undertaker,* Henry Hoeth

*Place of Business,* 309 Central Ave *Address,* 57 Aliquith

Hoffman — *M.D.,*
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 12th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Addison Hodges

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 7 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ____

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} 165 S. Ann St

*Cause of Death,* First, (Primary.) Diphtheritic Croup

Second, (Immediate,) ____

*Duration of last Sickness,* 8 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bath County

*Date of Burial,* Nov 13th

*Undertaker,* H. Froehlich

*Place of Business,* 244 Eastern Av.

John H. Pelberger M. D.
Medical Attendant.

*Address,* 1243 Aliceanna St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 44033

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 11/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Weis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 20 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 51 Cambridge St.

*Cause of Death,* First, (Primary.) Membranous croup

Second, (Immediate.)

*Duration of Last Sickness,* 48 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Nov 12 th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44034

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Lotz

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* — *Years,* 5 *Months,* 7 *Days.*

*Color,* Whi'e

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 47 Hanover St Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 47 Hanover St.

*Cause of Death,* First, (Primary.) —

Second, (Immediate,) Marasmus

*Duration of last Sickness,* Autumn

All the above information should be furnished by the Physician.

*Place of Burial,* Wolfram Cem

*Date of Burial,* Nov 12th 1880

E B Britton *M. D.*
Medical Attendant.

*Undertaker,* Jacob Bucher

*Place of Business,* 224 Caroline St

*Address,* 57 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

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No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 44035

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Motts

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 2 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 300 Eastern ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemet

*Date of Burial,* Nov 12th 1880

*Undertaker,* H. Froehlich

*Place of Business,* ———

Jas A Steuart M.D.,

Medical Attendant.

*Address,* Comm of Health

for Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44136 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael C. Kernan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* / *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 163 S. Chester Street

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Ulcerative Stomatitis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Nov 12th

*Undertaker,* M. Garrettsons

*Place of Business,* 64 E Balto

James C. O'Shea M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44037

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Benson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* 7 *Months,* 2 *Days.*

*Color,* White *Sex,* Female

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* 35 y.

*Place of Death,* {Give street and number.} 150 N. Howard St

*Cause of Death,* First (Primary,) Phthisis. Pulmonal

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 12 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery J. W. Keyser M. D.

*Date of Burial,* November 11th 1880 Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St *Address* Green & Mulberry Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Phy...

# Board of Health, City of Baltimore,

Permit No. 44038

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B Trainor

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* 87 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Plumber

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 101 Mulberry St

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Exhaustion Dyspnoea

*Duration of Last Sickness,* About nine Months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Nov 13th 1880

*Undertaker,* Joseph F Byrne

*Place of Business,* 8 E Lexington

Chas A Donovan M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of [illegible]

Permit No. 44039

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Smith

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia ✓

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and number.} Butter Alley between Hughes & Montgomery Sts

*Cause of Death,* First, (Primary.) Typhus

Second, (Immediate) Dropsy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. Public Cemetery

*Date of Burial,* Nov 12th 1880

*Undertaker,* F. A. Kerchner

*Place of Business,* S. Carrollton ave *Address,* Comm of Health & Registrar

James A Steuart M.D.,
~~Medical Attendant.~~

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Jos. V. Fitzpatrick

# Board of Health, City of Baltimore

Permit No. 4464 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Nevitt

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* ——— *Months,* ——— *Days.*

*Color,* colored

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number.} 134 Durham st

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Senile Decay

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergr

*Date of Burial,* Nov 12th 1880

*Undertaker,* W. M. Dunger

*Place of Business,* East St

Thomas A Glenn M.D.,
Medical Attendant.

*Address,* Comm of Health Baltimore

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd — Geo E. Taylor

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John T Freeman

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* W *Sex,* M

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Shoe-maker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Annapolis

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 42- Woodyard ave

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery H S Lorick M. D.

*Date of Burial,* November 12. 1880 Medical Attendant.

*Undertaker,* Mathew Gadsan

*Place of Business,* 227 Baltimore St *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health

Permit No. 44042 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov. 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie DeHart

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Three (3) *Years,* One (1) *Months,* Twenty six (26) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* one (1) year

*Place of Death,* {Give street and number.} 54 S. Eutaw St

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Diptheritis

*Duration of Last Sickness,* Nine (9) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov. 13. 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 94 S. Broadway

Geo. Brockbower M.D.,
Medical Attendant.

Address, 54 S. Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 144043

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Sweetsale

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 4 *Years,* 6 *Months,* 2 3 *Days.*

*Color,* White *Sex,* Female

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Calvert Co Md.

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 251 W. Biddle St.

*Cause of Death,* First (Primary,) Inflammation of Brain

Second (Immediate,)

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary Judson Gilman M. D.

Medical Attendant.

*Date of Burial,* Nov 14th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 X & Druid Hill Ave *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14044

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen [redacted] Husch

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* all its life

*Place of Death,* {Give street and number.} no 22 Mons Alley.

*Cause of Death,* First (Primary,) [redacted]

Second (Immediate,) Pneumonia

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Church St. Cemty.

*Date of Burial,* Nov. 12th 1880

*Undertaker,* Wm. H. Bishop Jr.

*Place of Business,* 97 Druid Hill ave.

Frank W Gunnon M. D.
Medical Attendant.

*Address* 187 Saratoga St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Krenkauer

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* ____ 1 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City. Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} # 250 S. Ann St

*Cause of Death,* First, (Primary.) Intestinal Convulsions

Second, (Immediate,)

*Duration of last Sickness,* Three Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Nov 13th 1880

*Undertaker,* Henry Brile

*Place of Business,* Alice Anna St

John H. Kehoe M. D.
Medical Attendant.

*Address,* 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of [illegible]

Permit No. 44046 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 12 1 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* November 12th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Regina Traube

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 76 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Germanie

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } Asylum of the Little Sisters of the Poor cor: John and Valley Street

*Cause of Death,* First, (Primary.) old age. + debility

Second, (Immediate.)

*Duration of Last Sickness,* three days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cimetery

*Date of Burial,* November 13th 1880

*Undertaker,* H Schlettheis

*Place of Business,*

M. Brooke Bayle M.D.,
Medical Attendant.

*Address,* 416 E. Eager St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

*Permit No.* 44047

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 1880 Nov 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Alfred Lane

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* 21 *Days.*

*Color,* White *Sex,* Male

*Married, Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 11 months

*Place of Death,* {Give street and number.} 125 Ball St Baltimore

*Cause of Death,* {First (Primary,) Scarlatina Maligna
Second (Immediate,) Convulsions

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 14 1880

*Undertaker,* Jos. M. Cook

*Place of Business,* 1707 W Baltimore Street

Wm F Lankin M. D.
Medical Attendant.

*Address* 163 W Balt St Balto Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

# *Board of Health, City of Baltimore,*

*Permit No.* 44048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Margaret McCann

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Ireland Baltimore MD

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* { Give street and number } Durkin & Boyce N W Corner Ky & Calvert

*Cause of Death,* First, (Primary,) Inflammation

Second, (Immediate,) Apoplexy paralysis

*Duration of last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 13 th

Edwin [illegible] M. D.
Medical Attendant.

*Undertaker,* H. C. Wendelken

*Place of Business,* 90 Greenmount Ave *Address,* Corner [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, 1880

**Permit No.** 44049 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Blanch

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 13 *Years,* — *Months,* 12 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} S W. corner Lexington & Fulton Sts

*Cause of Death,* First, (Primary.) Malignant Scarlet Fever with Diptheria

Second, (Immediate.)

*Duration of Last Sickness,* 36 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 13 1880

*Undertaker,* J. B. Blackistone

*Place of Business,* 22 Cary St

J. L. Matthews M.D.,
Medical Attendant.

*Address,* 584 W. Fayette St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health

Permit No. 44050 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James A. White

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 2 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number.} 313 Hanover St

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 12th 1880

C. B. Booze *M.D.,*

Medical Attendant.

*Undertaker,* Geo H. Perkins Jr & Bro

*Place of Business,* 130 Hanover St *Address,* 206 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City

Permit No. 44051

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE MD

# CERTIFICATE OF DEATH

*Date of Death,* November 12 188

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Fallin

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 67 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Rail Road Watchman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* Thirty Two Years

*Place of Death,* {Give street and number.} 147 Johnson St

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.)

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* November 14th

*Undertaker,* Thos S. Mc- Hughes

*Place of Business,* Cor Balto & Eutaw - *Address,* 17 Harrison av

H. B. Noble M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry W Haferhorn

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* one *Years,* nine *Months,* nine *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} City of Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 20 Mc Elderry St.

*Cause of Death,* First (Primary,) Pseudo-Membranous Laryngitis

Second, (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cemetery

*Date of Burial,* Nov. 14

*Undertaker,* Walter Simmel

*Place of Business,* 232 W. Baltimore

A. Aronsohn M.D.
Medical Attendant.

*Address* 1445 Eutaw Pl.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44053 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 12th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Pensel.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany. = 34 yrs. in U.S.

*Duration of Residence in the City of Baltimore,* 34 years.

*Place of Death,* {Give street and number.} 242 Hamburg St.

*Cause of Death,* First, (Primary.) Hemoptysis

Second, (Immediate.) Pneumonitis

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laudenpark Cem

*Date of Burial,* Nov 13th 1880

R. J. H. Tull, *M.D.,*
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 152, Sharp St,

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

RJ

Board of Health, City ...

Permit No. 44052 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Turner

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 26 *Years,* 8 *Months,* 12 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

*Occupation,* House keeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 310 S. Dallas St.

*Cause of Death,* First, (Primary.) Diphtheria Gangrenosa

Second, (Immediate.) asthenia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* 14 October 1880

*Undertaker,* Wm Nicodemus

*Place of Business,* 258 Alice Anne

Jno. S. Lynch M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 13th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly May Dunlop

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Lexington st & Aylingtown ave

*Cause of Death,* First, (Primary,) Angina & Laryngo Tracheal

Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 14th 1880

*Undertaker,* Chas T Sexton

*Place of Business,* 221 E Eutaw st

A. H. Sexton M. D.
Medical Attendant.

*Address,* 463 Lexington st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, &c.

Permit No. 44056 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 12. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Johnson

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* Col'd.

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 44 Canal alley

*Cause of Death,* First, (Primary.) Hydrocephalus

Second, (Immediate.) Paralysis

*Duration of Last Sickness,* all his life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* November 13th 1880

*Undertaker,* Wm Jas Gray

*Place of Business,* 65 Lexington

G Jane Janney M.D.,

Medical Attendant.

*Address,* 129 Aisquith

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schmidt

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* ____ *Years,* 3 *Months,* 8 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since born

*Place of Death,* {Give street and number} 364 E. Fayette st.

*Cause of Death,* First, (Primary.) meningitis

Second, (Immediate.)

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* November 14th

*Undertaker,* [illegible]

*Place of Business,* [illegible]

P. G. Dausch M. D.
Medical Attendant.

*Address,* 27 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44058

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 11 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Parker

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 1 *Years,* 8 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* { Give street and number. } 1 Lumb Pl

*Cause of Death,* First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* One week & 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Catholic Cemetery

*Date of Burial,* November 14

*Undertaker,* A. E. [illegible]

*Place of Business,* 16 Hanover St

W. S. Dodge M.D.,
Medical Attendant.

*Address,* 206 Shar[illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 13 1880

Permit No. 44059

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 10th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Allen

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* _____ *Years,* 1 8 *Months,* _____ *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* _____

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* { Give street and number } Rebury & Caldwell alley

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Convulsions from Cerebral Effusion

*Duration of last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpe St Cemetery

*Date of Burial,* Nov 14 1880

*Undertaker,* William N Berger

*Place of Business,* No 62 East Street

John Neff M. D.
Medical Attendant.

*Address,* 32 Co Lanvelton & Harlem Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Requested.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44060

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 13, 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 12th November 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Walker

*Sex,* ~~Male or~~ Female, {cross out the word not required in this line.}

*Age,* 62 Years, 1 Months, 12 Days.

*Color,* white

*Married,* ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 56 years

*Place of Death,* {Give street and number} 63 Market Space north market

*Cause of Death* First, (Primary,) Ulcus chronic uteri,

Second, (Immediate,) Malaria typhus

*Duration of last Sickness,* twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* Novemb 15th 1880

Robert Stuart M. D.
Medical Attendant.

*Undertaker,* Read & Bartell,

*Place of Business,* 62½ W. Balt St. *Address,* 121 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, [illegible]

**Permit No.** 44061 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Baynard Mother

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 7 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 70 Biddle Alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

Life

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 13th 1880

*Undertaker,* W. H. Bishop

*Place of Business,* Druid Hill Av

Wm H Adams M.D.,

~~Medical Attendant.~~

& Commiss of Health

Address, & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Beverly Degge

The Special Attention of Physicians is Respectfully Invited to the Reverse

# Board of Health, City of Baltimore.

*Permit No.* 44062

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Mark

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life / Since

*Place of Death,* {Give street and number} No 165 E Dunham St

*Cause of Death* { First, (Primary,) / Second, (Immediate,) Spasm

*Duration of last Sickness,* 1½ Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Nov 14th 80

*Undertaker,* Jno. France

*Place of Business,* 280 Conton Ave

*Address,*

J. Kelly M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City

Permit No. 14063

*Office of Registrar of Vital Statistics.*

HEALTH DEPARTMENT NOV 3 1890 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 13th 1890.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard B. Catterton

*Sex,* ~~Male or Female.~~ Male {Cross out the word not required in this line.}

*Age,* 1 Years, 4 Months, 16 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 172 Battery Ave.

*Cause of Death,* First, (Primary.) Enteritis.

Second, (Immediate.) 4 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Nov 15th 90

*Undertaker,* B. Hurle

*Place of Business,* 82 West 14

R. J. N. Tall M.D.,
Medical Attendant.

*Address,* 152 Sharp St.

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44064

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 13 1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 13 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Keatzen

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No 16 E. Montgomery St

*Cause of Death* {First, (Primary,) Spasms

{Second, (Immediate,)

*Duration of last Sickness,* One Day

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Nov 14

*Undertaker,* Henry Sander

*Place of Business,* 225 Canton Ave

R. Hebert, M. D.
Medical Attendant.

*Address,* 1 Mt Vernon Pl

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 4 4 0 6 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT
NOV
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick C. Morris

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Twenty One - *Years,* Nine - *Months,* Seventeen - *Days.*

*Color,* White - *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Bookkeeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Brownsville, Penna

*Duration of Residence in the City of Baltimore,* Nine Years

*Place of Death,* {Give street and number.} 199 W. Hoffman St.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Asthenia

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt.

*Date of Burial,* Nov 15 - 1880

*Undertaker,* Jno. J. Thomas

*Place of Business,* Express

*Address* 67 N. Charles St

J. H. Hartman M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44066

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 13th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Warren Loyd

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* Fr.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} Lemmont Street 1 door east of Gilmor

*Cause of Death* {First, (Primary,) Membranous Croup

{Second, (Immediate,)

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Old Olivet Cem

*Date of Burial,* Nov 15th 1880

*Undertaker,* Wm J. McKenn

*Place of Business,* 65 S. Eutaw St

Chas. H. Goff M. D.
Medical Attendant.

*Address,* 306 W. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 111067

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 14 1880 BALTIMORE MD

*Date of Death,* November 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Giles

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 2 *Months,* 7 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} East City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 5 Rope-walk alley,

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) "

*Duration of Last Sickness,* since birth,

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 14

*Undertaker,* H Ross

*Place of Business,* 75 Conway St

S. A. Bell M.D.,

Medical Attendant.

Coroner S. Dist

*Address,* 151 S. Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44068

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ann Crosby

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 77 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

*Duration of Residence in the City of Baltimore,* Visitor

*Place of Death,* {Give street and number} N. W. Cor. Eagle & Hanford Sts

*Cause of Death,* First, (Primary.) Strangulated Hernia

Second, (Immediate,)

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Cemetery

*Date of Burial,* Nov 14th 1880

Jno. Brooke Boyle M. D.
Medical Attendant.

*Undertaker,* Thos. L. Hughes

*Place of Business,* 614 E. Balto

*Address,* 166 E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 144069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT BALTIMORE 1880 NOV 14

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 13. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Jacob Longe

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and number.} 508 Penna Ave

*Cause of Death,* First (Primary,) Rheumatism Heart

Second (Immediate,)

*Duration of Last Sickness,* a few moments

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery Alexander Tinsley M. D.

*Date of Burial,* Nov. 15 Medical Attendant.

*Undertaker,* Walter Emmert

*Place of Business,* 252 W. Biddle *Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 114070

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E Stagmer

*Sex,* ~~Male or Female,~~ {cross out the word not required in this line.} Female

*Age,* 71 *Years,* 10 *Months,* 18 *Days.*

*Color,* White

*Married,* ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baveria Germany

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number} Baltimore 238 N. Central Ave

*Cause of Death,* First, (Primary,) Heart desease

Second, (Immediate,) Chronic indegestion

*Duration of last Sickness,* about 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 15, 1880

*Undertaker,* Henry Hauck

*Place of Business,* 309 Central Ave *Address,* Waverly Balto Co

J. C. Jenkins M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44071

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary ~~Wadsmuth~~ Wasmuth

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 42 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number} 28 Lemon St

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* 2a Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 15th 1880

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St *Address,*

A. J. Knight M. D.

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14072

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MD. NOV 14 1880

## CERTIFICATE OF DEATH.

*Date of Death,* November 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Kotzsch Henry

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 7 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X /

*Occupation,* X X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 52 S. Bethel St.

*Cause of Death* First, (Primary,) Scarlatina Anginosa

Second, (Immediate,)

*Duration of last Sickness,* Taken Sick last Wednesday Was not called until Tuesday last; Nov 9th

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* November 15th

*Undertaker,* T. Kain

*Place of Business,* 252 Alice Ann Str.

James E Donnelly M. D.
Medical Attendant.

*Address,* 270 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 114073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Harnish

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 38 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Domestic

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give street and number} Union Protestant Infirmary

*Cause of Death* { First, (Primary,) Consumption
Second, (Immediate,)

*Duration of last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 15 84

*Undertaker,* W. Hough

*Place of Business,* 312 Pine Ave

Chas Turner M. D.
Medical Attendant.

*Address,* 92 Madison

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 1140744 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1930 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Worsey

*Sex, Male or Female,* {cross out the word not required in this line.} M

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Negro

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Blacksmith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Elliott Co

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number} 110 Chumut Alley

*Cause of Death* {First, (Primary,) Phthisis

{Second, (Immediate,)

*Duration of last Sickness,* 6 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 14 1880

*Undertaker,* Jos D. Jones

*Place of Business,* No 63 Park Av

H. A B Sillman — *M. D.*
Medical Attendant.

*Address,* 249 Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44075

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Payne

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 2 *Years,* 0 *Months,* 8 *Days.*

*Color,* mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 34 cohen alley Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 57 St. Paul St

*Cause of Death* First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* — all his Life

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Nov 15. 1880

*Undertaker,* John C. Doncen

*Place of Business,* 826 Park Ave

Eugene F. Cordell M. D.
Medical Attendant.

*Address,* 120 N. Chas

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hatti Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Femal

*Age,* 12 *Years,* ... *Months,* ... *Days.*

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 16 Sterling St.

*Cause of Death,* {First (Primary,) Typho-malarial

Second (Immediate,) Asthenia

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Nov 15th 1880

*Undertaker,* John L. Jones

*Place of Business,* 63. Park Ave

Irving Miller M.D.
Medical Attendant.

*Address* 179 E. Monument St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER.]

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL S

**Permit No.** 44077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Reed

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 243 S. Eutaw St.

*Cause of Death* { First, (Primary,) Marasmus

Second, (Immediate,) .....

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Shark Cemetery

*Date of Burial,* Nov 14 1880

*Undertaker,* D. H. Chase

*Place of Business,* 199 Pratt

R. M. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 114078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Eliza Allen

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.} 12 Days.

*Age,* 80 Years, 10 Months,

*Color,* Black *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Balto.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 331 Sarah Ann St

*Cause of Death,* {First (Primary,) Old age

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 13. 1880

{*Undertaker,* William J. Suggs

*Place of Business,* 62 East St

H. W. Stings M. D.
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE NOV 14 1880

## CERTIFICATE OF DEATH.

*Date of Death,* November 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 12 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X / X

*Occupation,* X / X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* One Month

*Place of Death,* {Give street and number} 288 E Lombard St

*Cause of Death* { First, (Primary,) Marasmus
Second, (Immediate,) .....

*Duration of last Sickness,* Several Months - Sarsaparilla

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Church Cem.

*Date of Burial,* 14th of November

*Undertaker,* Ambrose Krebbs

*Place of Business,* 294 E. Lombard *Address,* ///

*M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margie Mary Englebright

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* 5 *Years,* — *Months,* — *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,* Whole life

*Place of Death,* {Give street and number.} 92 Lancaster Street

*Cause of Death,* First (Primary,) Burns

Second (Immediate,) Shock

*Duration of Last Sickness,* about 20 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* Nov. 16th 80

*Undertaker.* M. Franco

*Place of Business,* 980 Canton Ave

Chas M. Noel M.D.
Medical Attendant.

Coroner

*Address,* 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health

Permit No. 47081

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wm Ricketts

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* 25 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 225 Aliceanna St

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* 4 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Reform Luth Cem

*Date of Burial,* Nov 15 1880

*Undertaker,* Henry Sander

*Place of Business,* Caution ave

[redacted] M.D.,

Commiss of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Exam by—Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL ST...

**Permit No.** 46082

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 15 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 14 - 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Joseph Gordon

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 22 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 22 days.

*Place of Death,* {Give street and number.} 24 N. Gay St.

*Cause of Death,* First (Primary,) Hemorrhage

Second (Immediate,) Asthenia

*Duration of Last Sickness,* Nearly 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Nov 15th 1890

*Undertaker,* Hoy W. Means

*Place of Business,* 45 N. Gay St — *Address* 248 N. Eutaw St.

W. E. Mosley M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ui, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or oner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Nov^m 14. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aggie Kirchhoff

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} ~~Days.~~

Age, Fourteen Years, ~~Months,~~

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ~~Child~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~~Born~~

Place of Death, {Give street and number} 325 N. Eden St.

Cause of Death { First, (Primary,) Scarlet fever.
Second, (Immediate,) 72 hours.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, November 16th

{ Undertaker, Geo. Schilling
Place of Business, Ashland Square

N. Calvert Leland M. D.
Medical Attendant,

No. 190 Cathedral St

Address,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 14

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Gower

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 51 *Years,* *Months,* *Days.*

*Color,* [illegible] *Sex,* [illegible]

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

*Occupation,* [illegible]

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} [illegible]

*Duration of Residence in the City of Baltimore,* [illegible]

*Place of Death,* {Give street and number.} 435 N. Fremont St

*Cause of Death,* First (Primary,) Phthisis

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park [illegible]

*Date of Burial,* Nov 16 1880

*Undertaker,* [illegible]

*Place of Business,* 116 [illegible]

[illegible] M. D.

Medical Attendant.

*Address* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, [illegible]

**Permit No.** 14088

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 14th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A B Wallach

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Seven *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widowed or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} No 71 Courtland St

*Cause of Death,* First (Primary,) Scarlet Fever

Second (Immediate,) Inft. of Kidneys

*Duration of Last Sickness,* Forty days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem. *Date of Burial,* Nov 15th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 476 Druid Hill Ave

Peggin Buckler M. D.
Medical Attendant.

*Address* 135 Nicholas St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the

# Board of Health, City of Baltimore,

Permit No. 14086

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 13, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Nee

*Sex,* ~~Male~~ *Female,* {cross out the word not required in this line.}

*Age,* 18 *Years,* — *Months,* — *Days.*

*Color,* White.

*Married, Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 4 Months.

*Place of Death,* {Give street and number} N. W. Cor. Eastern Ave & Chester St.

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Typhoid Fever.

*Duration of last Sickness,* Two weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* 15th November. (Sd.) H. Erich M. D.

Medical Attendant.

*Undertaker,* M. Clarke & Son

*Place of Business,* #64 E. Balto. *Address,* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{9V 28.}

KODAK SAFETY ▲ FILM

Permit No. 14087 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 13. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lauder Howard

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 10 S Mound st

*Cause of Death,* First, (Primary.) Malformation

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 15th 1880

*Undertaker,* Peter Howard

*Place of Business,* 10 S. Mound St

James Bosley M.D.,
Medical Attendant.

*Address,* 319 Stiles st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44088

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aulen J. Wesela

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 6 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 195 N. Caroline St.

*Cause of Death,* First, (Primary.) Spasms

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsis Cem

*Date of Burial,* Nov. 14th 1880

*Undertaker,* Adam Funk

*Place of Business,*

J. Thos. Adkins M.D.,

~~Medical Attendant~~ Coroners of Health

*Address,* Register

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. P. Smith

The Special Attention of Physicians is Respectfully Invited to the ...

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No:*** 41189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William L Johnson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* Col'd

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} St Mary's Co Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 52 Penn Ave

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate,)

*Duration of last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 15 1880

*Undertaker,* H H Chase

*Place of Business,* 120 Howard

Geo H Dewar M. D.
Medical Attendant.

*Address,* 44 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 44490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank B. Kirk

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 282 E. Madison St

*Cause of Death,* First, (Primary,) Malarial Fever

Second, (Immediate,) Convulsions

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 16th 1880

J. J. Griffin M. D.
Medical Attendant.

*Undertaker,* Wm. A. Huckenstein

*Place of Business,* 234 N Gay St. *Address,* 137 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44197

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 13th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H Scott.

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 57 *Years,* ..... *Months,* ..... *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Conductor Western Maryland R.R.

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Virginia.

*Duration of Residence in the City of Baltimore,* Nine years.

*Place of Death,* { Give street and number. } 12 N. Gilmore St

*Cause of Death,* First, (Primary.) Pulmonary Phthisis

Second, (Immediate.) " "

*Duration of Last Sickness,* Three years.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 16th

*Undertaker,* Denny & Mitchell

*Place of Business,* 50 N. Gay St

W. Keener M.D.,

Medical Attendant.

*Address,* 80 Fountain Ave.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44092 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Edward~~ Wm. H. Saunders

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 4 9 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Boot Black

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 133 Stirling st

*Cause of Death,* First, (Primary.) ~~Scarlet Fever~~ Natural Causes. Bronchitis

Second, (Immediate.) Patient had been suffering from

*Duration of Last Sickness,* one hour

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Nov 16th 1880

*Undertaker,* Abraham Hayman

*Place of Business,* 13 Saratoga st

J. B. Dalby M.D.,
Medical Attendant.

*Address,* City Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4093

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 1 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Conchita Kenlan (Dorothea)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days.*

*Color,* w *Sex,* F

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 12 Whatcoat St

*Cause of Death,* First (Primary,) Old age

Second (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetry

*Date of Burial,* Nov 15 1880

*Undertaker,* Meeth & Shields

*Place of Business,* 60 N Carrollton ave

*Address*

*M. D.*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 4 4 0 9 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 18th Nov 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Cash

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 7 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} 687 E Hanover St Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 687 E Hanover St. Baltimore Md.

*Cause of Death,* First, (Primary,) Spina Bifida

Second, (Immediate,) asthenia

*Duration of last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Nov 17th 1880

*Undertaker,* C A Krause

*Place of Business,*

Augustus W. Dodge M. D.
Medical Attendant.

*Address,* 201 E Hanover St Baltimore

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 40295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 12th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Allen

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* abt 30 *Years,* *Months,* *Days*

*Color,* b

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~

*Occupation,* Cook

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} ~

*Duration of Residence in the City of Baltimore,* ~

*Place of Death,* {Give street and number.} Canton - Pungy Louis J. Duncan

*Cause of Death,* First (Primary,) Knocked overboard with a

Second (Immediate,) handspike & drowned

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* E. B. Cemetery

*Date of Burial,* November 15

*Undertaker,* Patrick Mullin

*Place of Business,*

Chas. M. Moffit M. D.
Medical Attendant.

*Address,* 6 & E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44096 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 15. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Baer

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 361 E. Baltimore St.

*Cause of Death,* First, (Primary.) Consumption of the Lungs.

Second, (Immediate.)

*Duration of Last Sickness,* 3 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* November 17th 80

*Undertaker,* Philipp J. Dill

*Place of Business,* 183 Columbia Av

J. W. Hook M.D.,
Medical Attendant.

*Address,* 75 E. Balt. St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44097 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 14th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Neumann

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* — *Years,* — *Months,* Hours ~~Days.~~

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } —

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number. } 183 N Eden st

*Cause of Death,* First, (Primary.) Premature birth 8th month

Second, (Immediate.) Atelectasis pulmonum

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Set Matthaus Cemetery

*Date of Burial,* Nov 15th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

H W Glover M.D.,
Medical Attendant.

*Address,* S E Corner Eager and Caroline Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 14098 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Jervis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* 2 *Months,* — *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Lawnsville France

*Duration of Residence in the City of Baltimore,* 19 yrs.

*Place of Death,* {Give street and number.} 188 William St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Chronic Valvular Disease of Heart

*Duration of Last Sickness,* Suffering about 8 yrs. with heart. Death Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill

*Date of Burial,* Nov 16 1880

*Undertaker,* Armstrong & Dey

*Place of Business,* 263 Light St

R. J. N. Tall M.D.,
Medical Attendant.

*Address,* 152 Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 41099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 15 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 14th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Henry Wendler

~~*Sex,* Male or Female,~~ {Cross out the word not required in this line.}

*Age,* 5 *Years,* 5 *Months,* 4 *Days.*

*Color,* white *Sex,* male

~~*Married,* Single, *Widow* or *Widower*,~~ {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimo

*Duration of Residence in the City of Baltimore,* During his life

*Place of Death,* {Give street and number.} 100 Eager St

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,) ~~Diphtheria~~

*Duration of Last Sickness,* about 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* 16th of Nov.

Wm Knox M. D.
Medical Attendant.

*Undertaker,* Fred Gaede.

*Place of Business,* 29 d Maryland Ave

*Address* 148 N Charles

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 14100

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 15. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } John Slater Sr.

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 69 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 1 Eutaw Square Central Ave Depot

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) .....

*Duration of last Sickness,* A few hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 16th Nov. 1880

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St.

Saml C. Chew M. D.
Medical Attendant.

*Address,* 99 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 4410

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

*Date of Death,* Nov 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Trautner

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} male

*Age,* 21 *Years,* 2 *Months,* 22 *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cigar maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 25 St James St -

*Cause of Death* { First, (Primary,) Phthisis pulmonalis -
, { Second, (Immediate,) Asthenia

*Duration of last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Novemb. 17, 1880

{ *Undertaker,* Henry Hoak

{ *Place of Business,* 309 Central Ave

Irving Miller M. D.
Medical Attendant.

*Address,* 179 E. Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44102

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Johnson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 9 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* All Month

*Place of Death,* {Give street and number.} # 34 Low St

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Hemorrhage

*Duration of Last Sickness,* Five Month

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Evergreen

*Date of Burial,* Nov 15th

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga St

Same J Bozle *M.D.,*
Medical Attendant.

*Address,* # 134 E Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 46103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 14th November 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben J Stevens

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 43 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or, Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Horse dealer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Frederick County Md

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and number} 18 Arlington Avenue

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Coma,

*Duration of last Sickness,* 20 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick Co Md

*Date of Burial,* Nov 16

*Undertaker,* J W Cook

*Place of Business,* 707 W Pratt

Geo J Ivins M. D.
Medical Attendant.

*Address,* 530 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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1959 Trans

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 15th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } August Mayer (Meiers)

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 35 *Years,* 11 *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* laborer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } (Hanover) Germany

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* { Give street and number } S.E. cor. of Barnes & Bayard

*Cause of Death,* First, (Primary,) typhoid fever

Second, (Immediate,)

*Duration of last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthews

*Date of Burial,* Nov 15th 1880

N. Allers M. D.
Medical Attendant.

*Undertaker,* Peter Hauckenberger

*Place of Business,* N. Connolly *Address,* 95 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44105 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harris Halliday

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 23 *Years,* ~ *Months,* ~ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Waiter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Twenty years

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Centre

*Date of Burial,* Nov 16 1880

*Undertaker,* David Williams

*Place of Business,*

J. H. Branham M.D.,
Medical Attendant.

*Address,* City Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44106

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 15th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma M Berry

*Sex, Male or Female,* {cross out the word not required in this line.} F.

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} M.

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 185 E. Eager St. ✓

*Cause of Death* First, (Primary,)

Second, (Immediate,) Pulmonary Embolism

*Duration of last Sickness,* Sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Nov 17th 1880

*Undertaker,* D H Dwyer

*Place of Business,* 12 W Balto St

H. T. Reynolds M. D.
Medical Attendant.

*Address,* 186 Aisquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44107

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Harter

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Twelve *Years,* Eight *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth,} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 62 Stockholm St

*Cause of Death,* First, (Primary.) Acute Brights Disease

Second, (Immediate.) Exaustion

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* A. A. Co Md

*Date of Burial,* Nov 16th 1880

*Undertaker,* James Boyle

*Place of Business,* 137 Conway St *Address,* 454 Madison ave

F. P. McCormick M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44108 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov. 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Edwards

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 6 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 128 Cross. St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Croup. (Membranous)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov. 17

*Undertaker,* Henry Brister

*Place of Business,* Hanover St 81

R. J. N. Tall M.D.,
Medical Attendant.

*Address,* 15-2 Sharp St,

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT. NOV 16 1880 BALTIMORE

*Date of Death,* November 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Herchman

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 11 *Years,* 11 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Life time

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 136 S. Inn

*Cause of Death* { First, (Primary,) Diptheria
Second, (Immediate,) Paralysis

*Duration of last Sickness,* Since Tuesday last

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Nov 16th

*Undertaker,* H. Froelich

*Place of Business,* 244 Eastern

James E Donnelly M. D.
Medical Attendant.

*Address,* 196 Balto St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44110

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 15th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sigmund Bas

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 63 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and number} 348 Franklin St

*Cause of Death,* First, (Primary,) Cancer of Liver

Second, (Immediate,) ____

*Duration of last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* Nov 17

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St

S T Knight M. D.
Medical Attendant.

Address, ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hurst Decker

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single,~~ ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Blacksmith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 9 Years

*Place of Death,* {Give street and number} Druid & Eutaw Sts

*Cause of Death* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Nov 18th 1880

*Undertaker,* Wm H Hedeman

*Place of Business,* 234 N Gay St

F W Esk M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4/112

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 13: 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lake

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* C —

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} West River

*Duration of Residence in the City of Baltimore,* 16 yrs

*Place of Death,* {Give street and number} No. 331 Raborg St

*Cause of Death* {First, (Primary,) Phthisis Pulmonalis

{Second, (Immediate,)

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Wrap at Cemetery

*Date of Burial,* Nov 16 1880

*Undertaker,* Hanly & Madden

*Place of Business,* 116 Orchard st

Chas W Neff M. D.
Medical Attendant.

*Address,* 306 N. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Reverse [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 15. '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Mennenger

*Sex, Male or Female,* {cross out the word not required in this line.} F

*Age,* 10 Years, 8 Months, — Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 831 N. Lombard St.

*Cause of Death,* First, (Primary,) Scarlatina Maligna

Second, (Immediate,) Convulsions

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Bonny brae Cemetery

*Date of Burial,* November 17th 1880

*Undertaker,* Geo. Leimbach

*Place of Business,* 389 West Pratt St.

W. Gallows M. D.
Medical Attendant.

*Address,* 93 Frederick ave Baltimore

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44167 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 15/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Fleshner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 19 Pleasant alley

*Cause of Death,* First, (Primary.) Catarrhal fever

Second, (Immediate.)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelic Cem.

*Date of Burial,* Nov 16th 1880

*Undertaker,* Henry Sander

*Place of Business,* 263 Central Ave

R. M. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44115

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 16/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis W. Gray

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Agent

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland during life time

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 139 Mulliken St.

*Cause of Death,* First, (Primary.) Acute Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Nov 17th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 658 Broadway

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} F Eva. Baker

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 69 — *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* — wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 19 E. Bank Str.

*Cause of Death* {First, (Primary,) Neuralgia

Second, (Immediate,) Senile Marasmus

*Duration of last Sickness,* 2 or 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

*Undertaker,* [illegible]

*Place of Business,* [illegible]

G. A. Dohme M. D.
Medical Attendant.

*Address,* 86 E. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44117

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 14, 1880, Delia Garvey

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Garvey

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 6 *Years,* 5 *Months,* 21 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number} 26 Shuter St.

*Cause of Death* First, (Primary,) I supposed her to have had Scarlet fever having been sick 24 hours before her death only — Second, (Immediate,) Dropsy and Pneumonia. —

*Duration of last Sickness,* Parents said about a month.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* November 16. 1880

*Undertaker,* M. A. Saiger

*Place of Business,* 74 S. Broadway

E. R. Morgan M. D.
Medical Attendant.

*Address,* 175 Saratoga St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 15th. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Loyd Williams

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Sixty one *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Oyster shucker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 19 Orchard St.

*Cause of Death,* First (Primary,) Anasarca

Second (Immediate,)

*Duration of Last Sickness,* About nine months

All the above information should be furnished by the Physician.

*Place of Burial,* Loud St. Cemetery

*Date of Burial,* Nov 16 1880

W. H. Thompson *M. D.*
Medical Attendant.

*Undertaker,* Smith & Bias

*Place of Business,* 88 S Howard St *Address* 41 Orchard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44189 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Kelly

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number.} 228 N. Caroline st

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* 4 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Govans-town

*Date of Burial,* Nov 17th 1880

*Undertaker,* Joseph T. Payne

*Place of Business,* 153 Eutaw st

Edward P. McDevitt M.D.,
Medical Attendant.

*Address,* 153 N. Eutaw st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44120 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 16 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Lauenstein

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* — *Years,* — *Months,* 1½ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 12 Clarkson St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* November 16

*Undertaker,* B. Hall

*Place of Business,* 82 West Pr.

Herdon Earle *M.D.,*
Medical Attendant.

*Address,* 46. Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Requested.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9th November 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna C. Smith

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 25 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 9 N. Gilmor St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Paralysis of the Heart

*Duration of last Sickness,* 40 days.

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Nov 17th 1880

*Undertaker,* C. H. Blizzard

*Place of Business,* Pennsylvania ave. *Address,* 1532 Baltor

C. B. Jones M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 14122

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 16 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Stevenson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 83 *Years,* " *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* No

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} No 74 St Paul st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Jaw Stomach

*Duration of last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* November 17th 1880

*Undertaker,* Wm McCauley

*Place of Business,* No 202 N Eutaw st

H Patterson *M. D.*
Medical Attendant.

*Address,* 21 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4423

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

*Date of Death,* Nov 15/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Francis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* ——— *Days.*

*Color,* Mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bulls City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Hydrocephalus

*Duration of Last Sickness,* about a week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter

*Date of Burial,* Nov 16/80

*Undertaker,* P. Mullin

*Place of Business,* S. P. Park ave

T. F. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 4 1 2 4

HEALTH DEPARTMENT
1880
BALTIMORE.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* June 16th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie J Barnes

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 17 *Years,* 8 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* { Give street and number } Eutaw st 252

*Cause of Death,* { First, (Primary,) Pulmonary Consumption
Second, (Immediate,) .....

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* June 17 1880

*Undertaker,* Jos B. Cook

*Place of Business,* No 707 W Baltimore Street

J. H. Ellis M. D.
Medical Attendant.

*Address,* 24 Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4/125

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia J. Shanfelter

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 47 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single,~~ ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* ~~———~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* about 10 Years

*Place of Death,* {Give street and number} 16 Carrollton Avenue

*Cause of Death* {First, (Primary,) Softening of Brain

Second, (Immediate,) about one week

*Duration of last Sickness,* about one week

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* Nov. 17th 1880

*Undertaker,* Wm. H. Cook

*Place of Business,* No 707 N. Baltimore Street

Wm. H. Knox M. D.
Medical Attendant.

*Address,* 582 W. Lafayette Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44126

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 16 1880 BALTIMORE

*Date of Death,* Nov. 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schrier

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Thirty two *Years,* six *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Engineer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Phila, Pa.

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and number.} 742 W. Pratt St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* 9 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov. 17th 1880

*Undertaker,* J. B. Coad's.

*Place of Business,* Balto. & Schroeder

J. Smithson M.D.,
Medical Attendant.

*Address,* 56 W. Fayette St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 46127

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Charles~~ 14 Sept 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Camphor

*Sex, Male or Female,* {cross out the word not required in this line.} Male,

*Age,* 1 *Years,* 11 *Months,* 28 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} +

*Occupation,* +

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 224 S. Durham St. near Canton Ave

*Cause of Death,* First, (Primary.) Pertussis

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* About 2 weeks. (Delicate state of Health for some time)

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cemetary

*Date of Burial,* Nov 16 1880

*Undertaker,* Abraham Naylor

*Place of Business,* 13 Saratoga St

A. V. Gosweiler M. D.
Medical Attendant.

*Address,* 144 S. Ann St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4/148

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 15. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Chas Stuart Francis Stuart

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* about 1 hour *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 8 State St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 8 State St.

*Cause of Death* { First, (Primary,) Premature birth
Second, (Immediate,) " "

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 17 1880

{ *Undertaker,* John G Gordon
*Place of Business,* 63 Park ave

W. P. Morgan M. D.
Medical Attendant.

*Address,* 173 Saratoga St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

*Permit No.* 44129

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 1880 Nov 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis O'D Lane

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 6 *Months,* 9 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 6 years 6 Mo. 9 days

*Place of Death,* {Give street and number.} 425 N Pratt St

*Cause of Death,* First (Primary,) Convulsions

Second (Immediate,) Hydrocephaloid

*Duration of Last Sickness,* 3 Weeks, 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 17th 1880

*Undertaker,* Jos. H. Cook

*Place of Business,* No 707 N Baltimore Street *Address* 763 N Pratt St

L. O'D Lane *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44130 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Taylor Starr

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Sixty Eight *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* Since childhood

*Place of Death,* {Give street and number.} N. E. corner Gay & Caroline St

*Cause of Death,* First, (Primary.) Gastritis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* About two months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem'y

*Date of Burial,* Nov. 18th 1880

*Undertaker,* Adam Sink

*Place of Business,* 461 N Gay St.

A. Hartman V. Low M.D.,
Medical Attendant.

*Address,* N 305 N Caroline St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44131

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Denby

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* — *Months,* — *Days.*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 216 N. Durham St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 19 " 1880

*Undertaker,* The J. Locke

*Place of Business,* Jefferson St

James A. Steuart M.D.,
~~Medical Attendant.~~
Comm of Health
& Registrar

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined Jos. V. Smith

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14132

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* September 17th 1868

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Thomas

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 38 *Years,* ____ *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Barber

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Maryland

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number} 74 Jackson

*Cause of Death* { First, (Primary,) ____ / Second, (Immediate,) Phthisis Pulmonalis

*Duration of last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* ____

*Date of Burial,* ____

*Undertaker,* W. H. Bushey Jr.

*Place of Business,* Druid Hill ave *Address,* 158 N Eutaw

L. A. Gelsis M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44133

The Physician who attended ... person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elija E O'Grady

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ... *Years,* 5 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 248 Harrison St

*Cause of Death* First, (Primary,) Cerebral Congestion

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral St

*Date of Burial,* Nov 18th 1880

*Undertaker,* John L Thacher

*Place of Business,* No 158 Lanvale

Wm D Clarke M. D.
Medical Attendant.

*Address,* 168 E Pratt

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4413.94

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. BIRTH NOV 17 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John & Kate Dibris

*Sex, Male or Female,* {Cross out the word not required in this line.} Parents

*Age,* ~~~ *Years,* ~~~ *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 127. S. Eden St

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.) asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Nov 17 1880 James Allen M.D.,

Medical Attendant.

*Undertaker,* or Rob Montgomery Comm of Health

*Place of Business,* ~~~ *Address,* Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Lew E. Taylor

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 16. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Andrew Jackson Spruce banks

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 74 *Years,* 4 *Months,* 10 *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Rail-road man - N. C. R. R.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give street and number} No 6 Federal St near Maylend Av

*Cause of Death,* First, (Primary,) Congestion of Lungs

Second, (Immediate,) Pneumonia (double)

*Duration of last Sickness,* 12. Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* November 18th 1880

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw

J. B. Browne M. D.
Medical Attendant.

*Address,* 307 Madison Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Permit No. 44136

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

*Date of Death,* November 16 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Weller

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* 10 *Months,* 19 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 Years

*Place of Death,* {Give street and number.} 109 Ledenhall St

*Cause of Death,* First, (Primary.) Malarial Fever, Enlarged Liver & Spleen

Second, (Immediate.) Diarrhea & Dropsy

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Burial Ground

*Date of Burial,* Nov 18th 1880

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Broadway *Address,* 116 S. Broadway

Thos. Carter M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 44137 — OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Nov 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Rice

*Sex, ~~Male~~ or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 12 *Years,* 5 *Months,* *Days.*

*Color,* Colored

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 12 Years

*Place of Death,* {Give street and number} 134 Richard St

*Cause of Death* { First, (Primary,) Convulsions
Second, (Immediate,)

*Duration of last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* W. Port Cemetery

*Date of Burial,* Nov 17th 1880

*Undertaker,* H. A. Kirchner

*Place of Business,* S. Carrollton Ave

Hiss M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44138 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Ehetinger

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 16 *Years,* 4 *Months,* —— *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maine

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 137 N. Monroe

*Cause of Death,* First, (Primary.) Typhoid abdominalis

Second, (Immediate.) Collapse

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet

*Date of Burial,* Nov 18

*Undertaker,* H. Funk

*Place of Business,* 33 Bank St.

F. Kattier M.D.
Medical Attendant.

*Address,* 245 S. Monroe St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Balto.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44,139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie C. Guilon

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 9 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Charles St Balto Md

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number} 339 N. Charles St

*Cause of Death* First, (Primary,) Membranous Croup

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 18th 1880

*Undertaker,* John McCaslin

*Place of Business,* Foot of Park St

Jos. E. Clayton M. D.
Medical Attendant.

*Address,* 18 N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 44140

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Abt.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 63 Years, 2 Months, Days.

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} No 76 Chester St

*Cause of Death,* First, (Primary,) (Pneumonia)

Second, (Immediate,)

*Duration of last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem.

*Date of Burial,* Nov 19th

*Undertaker,* H. Frechlich

*Place of Business,* 242 Eastern Av

Thomas R. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44141

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Dreherd

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 9 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 71 Parkin pl

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) ____

*Duration of last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Nov. 18th

*Undertaker,* Peter Seufel

*Place of Business,* 796 W. Balto. *Address,* 95 S Sharp pl

A. [redacted] Ware *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44142 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 16. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Kenna

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 29. *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 Years

*Place of Death,* {Give street and number.} 390 S. Charles St

*Cause of Death;* First, (Primary.)

Second, (Immediate.) Sarcoma of the Leg

*Duration of Last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* St A Johnsons

*Date of Burial,* Nov 16 1880

*Undertaker,* L F Krause

*Place of Business,* 209 Hanover

Theodore Cook *M.D.,*
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44143 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 16. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwina Incich

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number.} 4 Rees's alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 17 1880

*Undertaker,* S M Chase

*Place of Business,* 198 Howard st

Geo Lee Cook *M.D.,*
Medical Attendant.

*Address,* 146 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44144

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 17th November 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Stamp.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Eighty one (81) *Years,* *Months,* *Days.*

*Color,* White.

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Gentleman.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Thirty nine (39) years.

*Place of Death,* {Give street and number.} No. 72. E. Lombard St. Baltimore.

*Cause of Death,* First, (Primary.) Senile Bronchs Pneumonia.

Second, (Immediate.) Senile Atelectasis Pulmonum.

*Duration of Last Sickness,* about one Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* 19th Nov. 1880

*Undertaker,* Stewart & Howell

*Place of Business,* 35 East Lex

Mr C Mac Bibbs M.D.,
Medical Attendant.

*Address,* 47 Franklin St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Elsie Hunter

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nov 16th 1880

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* over 80 *Years,* *Months,* *Days.*

*Color,* cd

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} North Carolina

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give street and number} 10 Belmont ave

*Cause of Death* First, (Primary,) Old age

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 18 1880

*Undertaker,* Hanley & Foster

*Place of Business,* Fulton and Laurel

R. Winslow M. D.
Medical Attendant.

*Address,* 201 W. Biddle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 47146

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov. 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Cole

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 80 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} unknown

*Occupation,* Edge Maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Mass

*Duration of Residence in the City of Baltimore,* unknown

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Fracture of Skull

Second, (Immediate.)

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,* November 17

*Undertaker,* Patrick Mullin

*Place of Business,*

J. H. Branham M.D.,
Medical Attendant.

*Address,* City Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14147

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* November 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Kimpold,

*Sex, Male* ~~or Female,~~ {cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Dark Roan

*Married,* ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Annapolis Md

*Duration of Residence in the City of Baltimore,* 16 Years,

*Place of Death,* {Give street and number} 152 Preston st,

*Cause of Death* {First, (Primary,)} Paralysis,

{Second, (Immediate,)} Coma,

*Duration of last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetry

*Date of Burial,* Nov 18 1880

*Undertaker,* Phil E Jordan

*Place of Business,* 63 Park ave

John Dickson M. D.
Medical Attendant.

*Address,* 261 Madison Avenue

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44148 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of Baldwin and Albert Unnamed

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt Co

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} Rash Court

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of Last Sickness,* Since birth ?

All the above information should be furnished by the Physician.

*Place of Burial,* Annarundel Co

*Date of Burial,* Jan 18th 1880 ~~Dr. J. Beer~~ *M.D.,*

*Undertaker,* Armstrong & Son *Medical Attendant,* Coroner Bo Dist

*Place of Business,* 263 Light *Address,* Ct & Hanover Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44149

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weber

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40

*Place of Death,* {Give street and number} 182 Raborg St.

*Cause of Death,* First, (Primary,) Cancer Intestine

Second, (Immediate,)

*Duration of last Sickness,* 12 Mo

All the above information should be furnished by the Physician.

*Place of Burial,* H Albaugh | Cemetery

*Date of Burial,* Nov 20 | J J Bright M. D.

Medical Attendant.

*Undertaker,* J B Cook

*Place of Business,* 707 W Pratt | *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44150

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 16 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Hoskins

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 39 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Shoemaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 14 Years

*Place of Death,* {Give street and number} 851 S. Caroline St.

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (immediate,)

*Duration of last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Nov 19

*Undertaker,* Fry & Bro

*Place of Business,* 54th Broadway

Wm. E. Donnelly M. D.
Medical Attendant.

*Address,* 996 E. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 7th November 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Elijah J Rhodes

Junr

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Va

*Duration of Residence in the City of Baltimore,* 47 Years

*Place of Death,* { Give street and number } 625 Fayette St

*Cause of Death,* { First, (Primary.) Phthisis Pulmonalis, — Second, (Immediate,) Exhaustion, }

*Duration of last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Nov 9 1880

*Undertaker,* Denny & Whitehill

*Place of Business,* 530 W Fayette St

G H Jones M. D.
Medical Attendant.

*Address,* 528 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4464 52

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November the 17. 5 am 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kurtz

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 45 *Years,* 0 *Months,* 0 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Pilot

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Thirtyfive Years.

*Place of Death,* {Give street and number} N 825 Hollins Street

*Cause of Death* First, (Primary.) A Ulceration in the Larinja

Second, (Immediate,) Suffication

*Duration of last Sickness,* 10 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Chesapeake City Md

*Date of Burial,* Nov 18th 80

*Undertaker,* M. Francis

*Place of Business,* 98 Conway Address, 166 Saratoga St.

John D. Fiser M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 4/4183 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexandr Bell

~~*Sex,*~~ *Male or Female,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Scotland

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give street and number.} N Fayette St (Bennett House)

*Cause of Death,* First, (Primary.) Pneumonia both Lungs —

Second, (Immediate.) Exhaustion —

*Duration of Last Sickness,* About Seven Days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* November 19th

*Undertaker,* R. Remmerson

*Place of Business,* No 92 E Hoard

Chas C'Donovan M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44157

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 17th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Harris

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 77 *Years,* 3 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* House Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent Co Md

*Duration of Residence in the City of Baltimore,* about 50 years

*Place of Death,* {Give street and number} No 113 S. Eden

*Cause of Death,* First, (Primary,) Apoplexy

Second, (Immediate,)

*Duration of last Sickness,* not at all

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Nov 19th 1880

L. A. Henderick M. D.
Medical Attendant.

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St *Address,* 12 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 17th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Landrick

*Sex, Male or Female,* {Cross out the word not required in this line.} "

*Age,* 53 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} "

*Occupation,* Tobacconist.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baden Germany

*Duration of Residence in the City of Baltimore,* 47 years

*Place of Death,* {Give street and number.} 187 Druid Hill Ave.

*Cause of Death,* First (Primary,) Apoplexy

Second (Immediate,) "

*Duration of Last Sickness,* Seven hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 1880

*Undertaker,* Henry H. Mears

*Place of Business,* 45 N. Gay St

E. H. Grant *M. D.*
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

S'AFETY FILM

Permit No. 44156 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 8/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Garnier

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number.} 104 N. 7th St.

*Cause of Death,* First, (Primary.) Bronchitis & Pneumonia

Second, (Immediate.) Pseudo-membranous Laryngitis

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Edew St. Cem. Co. Edmund P. Mudd M.D.,

*Date of Burial,* Nov 10 1880 Medical Attendant.

*Undertaker,* M. Goldsmith

*Place of Business,* 53 N. High *Address,* 133 Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK S

Permit No. 44757

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased; or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* November 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Rosenthal

*Sex, Male* ~~or Female~~, {Cross out the word not required in this line.}

*Age,* 6 *Years,* *Months,* *Days.*

*Color,*

~~*Married*~~, *Single,* ~~*Widow* or *Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 673 W Baltimore St

*Cause of Death,* First, (Primary.) Scarlet Fever.

Second, (Immediate.) Convulsions.

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Edw St Cem

*Date of Burial,* Nov 18.

*Undertaker,* M. Goldsmith

*Place of Business,* 53 N. High

David Powell *M.D.,*
Medical Attendant.

*Address,* No 29 Lisgum St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44158

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEATH DEPARTMENT NOV 1 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov. 17/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Henry Wardlyn

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 23 Years, ... Months, ... Days.

*Color,* Blk

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} St. Mary's Co. Md

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and number.} ~~20~~ 77 N. Bethel St

*Cause of Death,* First, (Primary.) Acute Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 2 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick

*Date of Burial,* Nov 18th 1880

*Undertaker,* Theo J Locke

*Place of Business,* 73 Jefferson st

R W Mansfield M.D.,
Medical Attendant.

*Address,* 110 Broadway

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 18, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matta Bull

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 5 *Months,* — *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number} 469 Eastern Ave,

*Cause of Death,* {First, (Primary,) Scarlet Fever

{Second, (Immediate,)

*Duration of last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* New Methodist Cem'y

*Date of Burial,* Nov 18th

A. F. Erich, M. D.
Medical Attendant.

*Undertaker,* H. Euchlish

*Place of Business,* 244 Eastern Av *Address,* 94 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Livingston

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* One *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} n Bond st 322

*Cause of Death,* First, (Primary.) Vicissitudes of temperature a Cold

Second, (Immediate.) Croup

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Nov. 19th 1880

E. A. Baldwin M. D.
Medical Attendant.

*Undertaker,* Geo. Schillinger

*Place of Business,* Ashland Square *Address,* 124 n Exeter st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 14161 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Miller

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 2 *Months,* ~~—~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 257 N. Chapel St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* Nov 18th 1880

*Undertaker,* Pat Mullin

*Place of Business,* S. P. Park ave

James A Smith M.D.,

~~Medical Attendant.~~

*Address,* Comm of Health Hospitals

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Jos P. Smith

Permit No. 44162 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis E. Finson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 8 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 2c Little Broadway

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St. Cemetery

*Date of Burial,* Nov 18th 1880

*Undertaker,* Thos J. Locks

*Place of Business,* Jefferson St. *Address,* Registrar

Thos A Stein M.D.,
~~Medical Attendant.~~
Comm of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Lee E. Taylor

Permit No. 14163

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 17th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mathew J Whelan

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 31 *Years,* 10 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Clerk

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* { Give street and number. } No 9 N. Dumont St.

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 6 Mos.

All the above Information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Nov 19th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 2710 Eastern Ave

J H Branham M.D.,
Medical Attendant.

*Address,* City Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV 18 1880 BALTIMORE

*Date of Death,* Nov 17, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Laurena Powell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,* Cook.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* 63 yrs

*Place of Death,* {Give street and number.} 19 Tyson al.

*Cause of Death,* First (Primary,) chronic pleurisy

Second (Immediate,)

*Duration of Last Sickness,* some months

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Nov 19. 1880

*Undertaker,* John C. Jones

*Place of Business,* 1263 Pratt

D. H. Lane J. Hans M. D.
Medical Attendant.

*Address* 31 Cathedral St

Shane not seen Laurena Powell when seen by me & was to appear, for

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4-4165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 15th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frederick Prechtel

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 8 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 1026 Lancaster

*Cause of Death,* First, (Primary,) Flux

Second, (Immediate,) Effusion of the Brain

*Duration of last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* November 20th

*Undertaker,* H. N. Rell

*Place of Business,* 137 Hanover St

Chas McLane M. D.
Medical Attendant.

*Address,* 212 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44166 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 19, 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 18 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Judgen

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 41 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} single

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 345 Penn Ave

*Cause of Death,* First, (Primary.) Heart Disease

Second, (Immediate.)

*Duration of Last Sickness,* 8 months.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Nov 21

*Undertaker,* A. Keough

*Place of Business,* 314 Penn Ave *Address,*

Abram B. Fuller M.D.

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44167

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 19 1880 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otho Dickerson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 1 *Months,* ____ 26 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 75 Chestnut st

*Cause of Death,* {First, (Primary,) Bronchitis

{Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* November 19 1880

*Undertaker,* Charles A White

*Place of Business,* 35 Granby st

*Address,*

M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setforth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WILLIAMS & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44168

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 15th 1880 November

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Gilbert

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ 9 *Months,* ____ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Talbot Court No 2

*Cause of Death,* First, (Primary.) ____ Second, (Immediate,) Convulsions Unknown

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Army Evergreen

*Date of Burial,* Novem 17 1880

*Undertaker,* Charles S White

*Place of Business,* 35 Trinity St

D J Gunter M. D.
Medical Attendant.

*Address,* 137 E

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**Permit No.** 44169 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 19 1880 BALTIMORE, MD.

# CERTIFICATE OF DEATH

*Date of Death,* November 14. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Hall

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 80 Plum St Alley

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharpsal Cemetery

*Date of Burial,* Nov. 17th

*Undertaker,* J. Davis

*Place of Business,* 103 Penn st

W. S. Baer M.D.,
Medical Attendant.

*Address,* 20 Caldwell Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44170 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV. 19. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 18. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rieberling

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 237 Sharp St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 19th 1880

*Undertaker,* Julius Kiehler

*Place of Business,* Sharp & Cross Sts *Address,* 146 Hanover St

Thos. Cook *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4 4171

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH NOV. 19. 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Coleman (Parents)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* One *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 179 Mulliken St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Asthenia V

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 19th 1880

*Undertaker,* C. A. White

*Place of Business,* Grundy St

James H Glenn M.D.,

~~Medical Attendant.~~

Comm of Health & Registrar

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. P. Smith

Permit No. 44172 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 19 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Parker

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Annapolis Md

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number.} 13 Howard St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Congestive Chill

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem.

*Date of Burial,* Nov 21st 1880

*Undertaker,* Saml W. Chase

*Place of Business,* S. Howard St

James A Steuart M.D.,

Comm of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jos V. Fitzpatrick

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 19. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Norbert

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* Twenty four *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* about 4 years

*Place of Death,* {Give street and number} 315 North Dallas Street

*Cause of Death* First, (Primary,) Puerperal child bed

Second, (Immediate,) Peritonitis

*Duration of last Sickness,* About 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Tams Cemetery

*Date of Burial,* Nov 20 1880

Milton A. Taylor M. D.
Medical Attendant.

*Undertaker,* Henry Fleet

*Place of Business,* 39 Central Ave *Address,* Broadway & Eden St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44174 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ***accurately filled out***, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 19 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Buckhouse.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Lawyer.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Car Green & Hamberry.

*Cause of Death,* First, (Primary.) Morbus Brightii

Second, (Immediate.) Uraemic Poisoning

*Duration of Last Sickness,* Several months.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery.

*Date of Burial,* Novem'r 20th 1880. A. Coale Smith M.D.,

Medical Attendant.

*Undertaker,* John N Weaver & Co.

*Place of Business,* 22 W. Fayette *Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 19 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 18th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora Horan

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* — *Years,* 9 *Months,* — *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 2 Hemmeits alley Scarlatina

*Cause of Death,* {First (Primary,) Second (Immediate,)} Asthenia

*Duration of Last Sickness,* abt 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincent

*Date of Burial,* Nov. 19th

*Undertaker,* M. Funk

*Place of Business,* 35 Bank St

Chas M. Moffit *M. D.*
Medical Attendant.

*Address,* 67 E. Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. NOV. 19 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 18. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ino Lee Chapman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Custom House Official

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 19 Harlem Av

*Cause of Death,* First (Primary,)

Second (Immediate,) Heart Disease

*Duration of Last Sickness,* Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* November 21st 80.

*Undertaker,* Adam Heidemeyer

*Place of Business,* 578½ N. Baltimore St.

Alexander Tinsley M. D.
Medical Attendant.
Corner

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44177 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 19 1880 BALTIMORE.

*Date of Death,* Nov 18th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Deem

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Clerk

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 67 E Madison St

*Cause of Death,* First, (Primary.) R K Thesis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* Several Years

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* Nov 20 1880

*Undertaker,* Jas P Byrne

*Place of Business,* 63 Hunt

Alan P Smith *M.D.,*
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44178 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 1880 TIM

# CERTIFICATE OF DEATH

*Date of Death,* November 18

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Derrick

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number.} 35 Back Alley

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* November 20

*Undertaker,* Herrod & Ross

*Place of Business,* 95 Conway St

W. S. Bond *M.D.,*
Medical Attendant.

*Address,* 206 Shar[illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov - 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Herr

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Cooper -

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 25 yrs -

*Place of Death,* {Give street and number} No - 101. E. Chase st

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Disease of Heart -

*Duration of last Sickness,* 5 days -

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Ch

*Date of Burial,* Nov 20th 80

*Undertaker,* M. Frances

*Place of Business,* 210 Eastern Ave

A. F. Lache M. D.
Medical Attendant.

*Address,* 237 E. Gough st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44180

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

NOV 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 18th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Thomas

*Sex, ~~Male~~ or Female,* { Cross out the word not required in this line. }

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* Mulatto

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Servant

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 21 S. Frederick

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 8 years

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Nov. 19 1880

*Undertaker,* Wm H. Bishop

*Place of Business,* 77 Druid Hill av.

Chas. J. Cronin M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 46/181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 18. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalene Engelhard

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 49 *Years,* 6 *Months,* 6 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 242 S. Durham ste.

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Nov 20 th

*Undertaker,* W. Retzel

*Place of Business,* S. Bond st 151

J. J. Letzer M. D.
Medical Attendant.

*Address,* 160 Saratoga street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4 4 1842 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV. 20, 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John James Adams Hudson

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 4 *Months,* 13 *Days.*

*Color,* White

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} No. 19 Block St.

*Cause of Death,* First, (Primary.) Scarlatina Dropsy

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 31 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Nov. 20th

*Undertaker,* Wendel Dippel

*Place of Business,* S. Broadway 1151

Jno. S. Lynch M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 14418 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH NOV 20 1890 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 18/90

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Oscar Schultzler

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 4 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } city

*Duration of Residence in the City of Baltimore,* 4 mos

*Place of Death,* { Give street and number } Joseph P Register No Carpenter St Bren

*Cause of Death* { First, (Primary,) Spasms

Second, (Immediate,)

*Duration of last Sickness,* 3 or 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem

*Date of Burial,* Nov. 20

*Undertaker,* W. J. Gifford

*Place of Business,* 1. Bond St. 151

Wm Fleming M. D.
Medical Attendant.

*Address,* 258 E Pr

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44184

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 20 1880 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Marotti

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* American

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Italy 4 yrs in America

*Duration of Residence in the City of Baltimore,* 4 yrs

*Place of Death,* {Give street and number.} 6 Druid Hill Ave

*Cause of Death,* First, (Primary.) Acute Tuberculosis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 3 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincent's

*Date of Burial,* Nov. 20th

*Undertaker,* W. Tippet

*Place of Business,* 1. Bond St. 151

Chas. L. Cocker *M.D.,*
Medical Attendant.

*Address,* 877 Aisquith

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44185

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 20 1880 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 19th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Elizabeth Bruce

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* —— *Years,* 1 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } 28 Ramsay St

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 28 Ramsay St

*Cause of Death* { First, (Primary,) Capillary Bronchitis
Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* November 21st 1880.

*Undertaker,* Adam Weidemayer

*Place of Business,* 518 W. Baltimore St

A. M. Colburn M. D.
Medical Attendant.

*Address,* 343 N. Low

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 47186 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Kayser

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 9 *Months,* 29 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 2 Of Years

*Place of Death,* {Give street and number.} 295 Cross

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Typhoid Fever

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 21 st 1880

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts *Address,* 146 W Pratt

Western Cor Fe *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Weiss Hale

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 17 *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Steiner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany (Darmstadt)

*Duration of Residence in the City of Baltimore,* 2½ years

*Place of Death,* {Give street and number} N. 14 Russell st

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 3 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Lauderdale Cem

*Date of Burial,* Nov 21st 1880

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross *Address,* 166 S. Paca st

C. L. Buddenbohn M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 / 1188

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 20 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H. Landis

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* *Years,* 11 *Months,* 2 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 307 Laurade St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Tubercular Meningitis

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Nov. 22nd 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

W. A. B. Sellman — M. D.
Medical Attendant.

*Address,* 249 Canton Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to rnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- g forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per n deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

**Permit No.** 44189 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Puett

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give street and number.} 96 Chew St

*Cause of Death,* First, (Primary.) V

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* Nine days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Nov 22nd 1880

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Eyman

Wm Whitridge M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma C Nardell

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 17 *Years,* 6 *Months,* ~~4~~ *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life-

*Place of Death,* {Give street and number} No 160 Aisquith St

*Cause of Death,* First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) asthenia

*Duration of last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov. 22nd 1880

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

Irving Miller *M. D.*
Medical Attendant.

*Address,* 179 Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH NOV 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 19th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Hanshurg

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 51 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Bricklayer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and number} # 43 Lanvale St

*Cause of Death,* First, (Primary,) Cancer of Stomach

Second, (Immediate,) .....

*Duration of last Sickness,* Eight months.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* November 21st 1880

*Undertaker,* Leonhard Kurz

*Place of Business,* S. Bond St. cor. Fells

John H. Rehberger M. D.
Medical Attendant.

*Address,* # 243 Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Permit No. 44192 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgana Rose

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 9 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Co. Md

*Duration of Residence in the City of Baltimore,* 4 mons & 2 Days

*Place of Death,* {Give street and number.} 371 N. Washington St

*Cause of Death,* First, (Primary.) Pyaemia

Second, (Immediate.) Exhaustion √

*Duration of Last Sickness,* 4 mons

All the above information should be furnished by the Physician.

*Place of Burial,* Cockeysville Balto Co

*Date of Burial,* 21st Inst 11 Oclock

*Undertaker,* C A Carman

*Place of Business,* 38 Eutaw St

Geo. F Dougherty M.D.,
Medical Attendant.

*Address,* 222 N Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4641 93

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Grady

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 45 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Carter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number} 6 Bank Street

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* 2 Months. Saw him once.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* 21st Nov

*Undertaker,* M. Carter & Co.

*Place of Business,* 64 E Balto

Thos E Donnelly M. D.
Medical Attendant.

*Address,* 279 E Pulaski St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 14194

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH RECORD NOV 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Joseph & Clara Williams

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 3 *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 40 Jefferson St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 40 Jefferson St

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem'y

*Date of Burial,* Nov 20th 1880

*Undertaker,* Chas. A. White

*Place of Business,* Grundy St

James A Steuart M.D.,

~~Medical Attendant.~~

*Address,* Comm'r of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Chas Doss. S.S.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44195

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

*Date of Death,* November 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Male~~ Mary Bernice Mother

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* One Hour ~~Years,~~ *Months,* *Days*

*Color,* Colard

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} No 71 Central Ave

*Duration of Residence in the City of Baltimore,* Or Hour

*Place of Death,* {Give street and number.} No 71 Central Ave

*Cause of Death,* First (Primary,) Dont Know

Second (Immediate,)

*Duration of Last Sickness,* Dont Know

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cem. Bur. *Date of Burial,* 21 Nov. 1880

*Undertaker,* Charles A White *Place of Business,* 35 Granby St

Address, No 36 Lawrence Baltimore City

J. Hubert M.D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44196

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 19th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mary E. Clifford

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 34 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 26 Pearl St

*Cause of Death,* First, (Primary,) Congestion of the Brain

Second, (Immediate,) with Pneumonia

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park C

*Date of Burial,* Nov 22 1880

*Undertaker,* J. B. Blackistone & Son

*Place of Business,* South Carey St 22

Edw'd E. Muhlhenn M. D.
Medical Attendant.

*Address,* 283 W. Lombard

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Permit No. 44197

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 19 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Davis

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 9 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 82 Plum Alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* all his life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 20 " 1880

*Undertaker,* Geo W. Perkins & Co

*Place of Business,* ——

Wm A Sloan M.D.,

~~Medical Attendant~~ Coroner

*Address,* Comm of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by J. V. Fitzpatrick

*Permit No.* 44198

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 18 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Pendryust

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 8 Months, 5 Days.

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 9 W. Falls ave

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Nov 20 1880

*Undertaker,* James D Byrne

*Place of Business,* No 63 Jn Front

Jno T Powell M. D.
Medical Attendant.

*Address* 227 Baroll ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44199 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 20/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Ossen

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* / *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 117 Lancaster st.

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 2 week

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Bean

*Date of Burial,* November 22

*Undertaker,* W Dippel

*Place of Business,* 137 S Bond

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44200 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 18 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Riley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 85 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balte Co Md

*Duration of Residence in the City of Baltimore,* 38 Years.

*Place of Death,* {Give street and number.} 394 E. Madison St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Govans Town Balto Co

*Date of Burial,* Nov 21 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 369 N. Eutaw St Address, 222 N Broadway

J. J. Taylor M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Trans 1964

...ion of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 44201

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F. Henderson

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 24 Garden St

*Cause of Death* {First, (Primary,) Rhthisis Pulmonalis

{Second, (Immediate,)

*Duration of last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Nov 22 nd

*Undertaker,* Henry Sauer

*Place of Business,* 252 Eastern Av

A Trego Sherbier M. D.
Medical Attendant.

*Address,* 11 S. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44207

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Bovotny

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 6 6 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tayler

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Bukoacko, Bohemia

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} 132 Eagester St

*Cause of Death,* First, (Primary,) Phthisis Abdominalis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels

*Date of Burial,* Nov 21st 1880

*Undertaker,* Thomas Spindler

*Place of Business,* 259 Eastern Ave

J. H. Grimes M. D.
Medical Attendant.

*Address,* 237 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44208

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 17 th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Eliza Davis

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 0 *Months,* 0 *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City,

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} Balto City Horn St No 18

*Cause of Death* {First, (Primary,) Pneumonia

{Second, (Immediate,) Consumption

*Duration of last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Po tapsco neck Balto

*Date of Burial,* Nov 21 1880

*Undertaker,* Wilson N Benge

*Place of Business,* No 62 East

R M Norris *M. D.*
Medical Attendant.

*Address,* Orangeville Balto Co

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4424

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 20 day 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jackson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Richmond Va.

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number} 93 Lee St.

*Cause of Death* { First, (Primary,) Potts curvature of the Spine
Second, (Immediate,) Exhaustion consequent upon same

*Duration of last Sickness,* about 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Auburn Cemetery

*Date of Burial,* Nov 21 1880

*Undertaker,* H. H. Chase

*Place of Business,* 448 Howard St

R. M. Hall *M. D.*
Medical Attendant.

*Address,* 262 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov: 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate H. Dunnett

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 14 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} Eutaw St. Corner of Hoffman

*Cause of Death,* First, (Primary,) Congestion of Brain

Second, (Immediate,) Two days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.t

*Date of Burial,* Nov 22nd 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 & 6 Druid Hill Ave

H. Jenkins M. D.
Medical Attendant.

*Address,* N. Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44206 #44206 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 21 1900 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 20 1900

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward D. Pyle

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 6 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 417 S Charles

*Cause of Death,* First, (Primary.) Septicemia

Second, (Immediate.) Diphtheritic Croup

*Duration of Last Sickness,* ~~10~~ 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mountoliul

*Date of Burial,* 22. November

*Undertaker,* C. A. Krous

*Place of Business,* Blaster &

Gordon Leidy M.D.,
Medical Attendant.

*Address,* 146 Warren St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44207 ~~44207~~ *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 20/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Shultz

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* 9 *Months,* *Days.*

*Color,* white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Done

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 28 yrs.

*Place of Death,* {Give street and number.} 316 Alice Anna

*Cause of Death,* ~~*First, (Primary,*~~ *Secondary* Embolism of Heart

~~*Second, (Immediate.)*~~ *Primary* Parturition

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cmty

*Date of Burial,* Nov 22d

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Ave

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

HEALTH DEPARTMENT NOV 21 1880 BALTIMORE

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44208 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 21 1880 BALTIMORE

*Date of Death,* Nov 19th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Francis

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 88 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} No 170 E Madison St

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate.) Bronchitis

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Nov 21 1880

*Undertaker,* Jas O Byrne

*Place of Business,* 63 Fourth

Wm Whitridge M.D.,
Medical Attendant.

*Address,* ...

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 19 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Washington Clark

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Female~~

*Age,* 7 *Years,* 6 *Months,* ——— *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Born Annapolis Md

*Duration of Residence in the City of Baltimore,* 5 months

*Place of Death,* {Give street and number} 406 Little st N

*Cause of Death,* First, (Primary.) Cerebro Spinal Meningitis

Second, (Immediate.)

*Duration of last Sickness,* four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* November 21

*Undertaker,* Hercules Kerr

*Place of Business,* 15 Hanover St

J. J. Shultz M. D.
Medical Attendant.

*Address,* 260 South Eutaw St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. ~~44210~~ 44210 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 21 1880 BALTIMORE

*Date of Death,* Nov. 20/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Gabris

*~~Sex, Male or Female,~~* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bald. ✓

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 134 S. Carolin St.

*Cause of Death,* First, (Primary.) Membranous Croup

Second, (Immediate.)

*Duration of Last Sickness,* 24 hrs.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov. 22d.

*Undertaker,* H. Frank

*Place of Business,* 85 Bond St. *Address,* 117 S. Broadway

R. W. Mansfield M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44211

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 20th November 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gerhardt Snyder

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 21 *Years,* ~~10~~ *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Dairyman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 318 Mulberry St

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Tuberculas Consumption of Lungs

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Nov 22 1880

*Undertaker,* C Kinnamon

*Place of Business,* Mulberry St

N. W. Lettell M. D.
Medical Attendant.

*Address,* 425 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DYLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nancy Thomas Tisdale

*Sex,* ~~Male~~ *or Female,* {Cross out the words not required in this line.}

*Age,* 85 *Years,* *Months,* *Days*

*Color,* White

*Married, Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

*Occupation,* none

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number.} cor Franklin & Fulton St

*Cause of Death,* First (Primary,) old age

Second (Immediate,) debility

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Novem 22nd 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

J R Ashby *M. D.*
Medical Attendant.

*Address,* 234 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44218

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Saturday, Nov 20th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hiester

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 146 Greenmount Ave

*Cause of Death* { First, (Primary,) Membranous Croup
, Second, (Immediate,) Asphyxia

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* 22nd Nov

*Undertaker,* Conrad Hunter

*Place of Business,* 231 Henrietta

W Scheer Jones M. D.
Medical Attendant.

*Address,* 25 Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 44214

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} F. Cardeau Scharff

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Thirty three *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Clergyman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Six Months

*Place of Death,* {Give street and number} 84 Edmondson Avenue

*Cause of Death* { First, (Primary,) Chronic Organic disease of the Heart
, { Second, (Immediate,) Paralysis

*Duration of last Sickness,* About One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cemetery

*Date of Burial,* Nov. 22nd 1880

{ *Undertaker,* Denny & Mitchell
{ *Place of Business,* 530 W. Fayette St

Jos: L Loyd Martin M. D.
Medical Attendant.

*Address,* No 38 Mount Vernon Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44215

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 21 1888 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Picked up Nov 20 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} —

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* — *Years,* — *Months,* — *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} —

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} Found floating in water off Locusts from Rollingmill

*Cause of Death,* {First (Primary,) / Second (Immediate,)} V

*Duration of Last Sickness,* Supposed to be still Born; about 7½ to 8 mos Utero Gestation

All the above information should be furnished by the Physician.

*Place of Burial,* E P Cemetery

*Date of Burial,* November 20

*Undertaker,* Patrick & Mullin

*Place of Business,*

Chas M. Mott M.D.

~~Medical Attendant.~~ Coroner Ea. Co.

*Address,* 67 E. Balto St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44216

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

NOV 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Kearney

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Thirty eight *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Eleven years

*Place of Death,* {Give street and number.} 53 Parkin St

*Cause of Death,* First, (Primary.) Consumption Lungs

Second, (Immediate.) Expansion

*Duration of Last Sickness,* six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 22

*Undertaker,* W Cook

*Place of Business* 707 East Baltimore *Address,*

T. P. McCormick *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44217

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Smith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* 2 1 *Days.*

*Color,* Brown Skin

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation,~~* ———

*Birthplace,* {State or Country and how long in the United Sates, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Fifteen

*Place of Death,* {Give street and number.} 95 Hanover alley

*Cause of Death,* First, (Primary.) Unknown Dr not accompanying

Second, (Immediate.) Dies

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 21st 1880

*Undertaker,* A Warren

*Place of Business,* Fortyfive St

S. F. Ware M.D.,
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44218 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 21 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Jackson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 4 Years *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 511 Light Street

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia with

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cedar Hill cem

*Date of Burial,* Nov 22nd 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light st *Address,* 313 Light St

H. H. Ellis *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 4 2 1 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob H Schroder

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 49 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Brick Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Co

*Duration of Residence in the City of Baltimore,* 37 Years

*Place of Death,* {Give street and number} 166 Greenmount Ave

*Cause of Death* { First, (Primary.) Paripleg ia
Second, (Immediate,) 7 Weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Nov. 23. 1880

*Undertaker,* M. A. Dayger

*Place of Business,* 74 S. Broadway

Silas N Hunter M. D.
Medical Attendant.

*Address,* 36 Greenmount Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44220 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 22 1880 BALTIMORE MD.

# CERTIFICATE OF DEATH.

*Date of Death,* November 20th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob W. Strasbaugh.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Plasterer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Pennsylvania, 35 years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} N. H. & Gilmor Streets.

*Cause of Death,* First, (Primary.) Bright's Disease of Kidneys,

Second, (Immediate.) Asthenia,

*Duration of Last Sickness,* One year.

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem.

*Date of Burial,* Nov 22nd 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 416 Druid Hill Ave

David L. Rowell M.D.,
Medical Attendant.

*Address,* No 29 Hisquith St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4421 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 22 1880 BALTIMORE MD.

# CERTIFICATE OF DEATH

*Date of Death,* Nov 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate & Henry Steiner (Parents)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 3 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 66 Division St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Nov 23rd 1880

*Undertaker,* P. Kummet

*Place of Business,* Mulberry St

Geo A Leas M.D.,

~~Medical Attendant~~ Comm of Health & Registrar

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Brower

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44222

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE NOV 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza R. Crowther

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 8 *Years,* 9 *Months,* 8 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 540 Aisquith st

*Cause of Death* { First, (Primary,) Scarlet Fever
Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* nov 24th 22 1880

*Undertaker,* Henry Hoeck and Son

*Place of Business,* no 209 Eutaw

M. B. Billingslea M. D.
Medical Attendant.

*Address,* 266 E. John st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44223 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* ~~Thomas Goldsmith~~ Nov 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Goldsmith

*Sex, Male or* ~~Female~~, {Cross out the word not required in this line.}

*Age,* 28 *Years,* — *Months,* — *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Wales

*Duration of Residence in the City of Baltimore,* Unknown

*Place of Death,* {Give street and number.} St. Joseph's Hospital

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Peritonitis

*Duration of Last Sickness,* Fifty three days in Hospital, previous to that unknown

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Nov 22nd 1880

*Undertaker,* Elisha Cox

*Place of Business* 84 & 86 Bank St

Rec'd Dr Goldsmith & Co, M.D.,
Medical Attendant.

U.S. Marine Hospital Service

*Address,* St Joseph's Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 4 2 2 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 21 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Anne Lupton

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 1 *Years,* 1 *Months,* ____ *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ____

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto Co. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 96 Boyd St

*Cause of Death,* First, (Primary,) Scalded

Second, (Immediate,) ____

*Duration of last Sickness,* Nov 18, 1880

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Nov 22nd 1880

C Shelton Hill M. D.
Medical Attendant.

*Undertaker,* Jas B Cook

*Place of Business,* No 707 E Baltimore Street

*Address,* 432 [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 21 Nov. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Selby.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Male.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Sailor

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 28 Bolton Alley

*Cause of Death,* First (Primary,) Brights disease

Second (Immediate,)

*Duration of Last Sickness,* About six weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Wm. Lemmon, Charles A. Geiger *M. D.*

*Date of Burial,* Nov 23 No. 165 Argyle Ave. Medical Attendant.

*Undertaker,* E. Keough

*Place of Business,* 319 Penna Ave *Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44226

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 21 st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George B Maxwell

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Living life

*Place of Death,* {Give street and number} 206 Azimuth St

*Cause of Death,* First, (Primary,) Causes Congenital

Second, (Immediate,) Congestion of the brain

*Duration of last Sickness,* About three days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 23rd 80

*Undertaker,* Geo Schilling

*Place of Business,*

Milton A Taylor M. D.
Medical Attendant.

*Address,* Broadway & McElderry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Permit No. 44227

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy C. Procter

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 2' *Days.*

*Color,* Col -

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt- City -

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 272 Hamburg St.

*Cause of Death,* First, (Primary.) Hooping Cough -

Second, (Immediate.) " "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician. Had no Physician attending -

*Place of Burial,* Mount Ver Cemetary

*Date of Burial,* Nov 22

*Undertaker,* John H. Overy

*Place of Business,* 225 Eutaw St

Dr. Bell M.D.,

~~Medical Attendant.~~ Coroner 5th Dist

*Address,* 161 So Stricker St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

[illegible], City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4228

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 22 1886 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas F Riley (Riley)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* W *Sex,* Male

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} —

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 711 Cathedral St

*Cause of Death,* { First (Primary,) [illegible]

Second (Immediate,)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Methodist Cemetery Baltimore

*Date of Burial,* 22 Nov

*M. D.*
Medical Attendant.

{ *Undertaker,* J H Palmer *Address* Cor Pratt & Eutaw
{ *Place of Business,* 341 Penna ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...ases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44229

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 21.st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard E. Wagner

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* Two Years, Two Months, ..... Days.

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 15 N. Fremont

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) Nephritis

*Duration of last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Bald Cy

*Date of Burial,* Nov 23/80

*Undertaker,* Samuel A Mercer

*Place of Business,* 35 Park Pl

Thomas Okie M. D.
Medical Attendant.

*Address,* 581 Lexington

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44230

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. V. Dorsey

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 12 *Years,* 4 *Months,* 14 *Days.*

*Color,* Light-Brown

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 31 Rose St.

*Cause of Death* {First, (Primary,) Scarlet-Fever

Second, (Immediate,) Acute-Nephritis. Uraemia

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Nov 22nd 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 2711 Eutaw St

Jno Dixon M. D.
Medical Attendant.

*Address,* 261 Madison Avenue

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 14231

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 21. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Norton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto, Maryland

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 841 W. Lombard st

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 22nd 1880

*Undertaker,* Chas W. Dill

*Place of Business,* 858 W. Pratt st. *Address,* 219 Hollins st

James Boyle *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Frisby

*Sex,* ~~Male~~ *or Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* ..... *Months,* ..... *Days.*

*Color,* col

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* House Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Harford Co Md

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number} St Thomas Court 2

*Cause of Death,* First, (Primary,) .....

Second, (Immediate,) Consumption

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Russel Cemetery

*Date of Burial,* Nov 22d 1880

*Undertaker,* Chas White

*Place of Business,* 35 Granby

E. C. Baldwin M. D.
Medical Attendant.

*Address,* 124 n Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...M, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department of Baltimore.

Permit No. 44233 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. J. Larman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* — *Days.*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 115 S. Dallas St

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 1 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov. 22d 1880

*Undertaker,* Chas White

*Place of Business,* 35 Granby

James A Steuart M.D.,

~~Medical Examiner~~

Comm. of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam. by Geo. C. Taylor

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14234

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 21 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Harris

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Seventy-two *Years,* *Months,* *Days.*

*Color,* Dark

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Porter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* Three Months

*Place of Death,* {Give street and number} 1054 Conn Av

*Cause of Death,* First, (Primary.) Heart Disease

Second, (Immediate.)

*Duration of last Sickness,* About a Year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 22 1886

*Undertaker,* H H Chase

*Place of Business,* 198 Howard St

D L Rice M. D.
Medical Attendant.

*Address,* 87 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...AL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

#4235

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 22 1880 Josephine court

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} W H Cox

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 12 mths *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Kent Co

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 69 Josephine court

*Cause of Death,* {First (Primary,) Second (Immediate,)} Marasmus

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Druid Hill Cemetery

*Date of Burial,* Nov 23 1880

*Undertaker,* S M Chase

*Place of Business,* 198 S Howard st

Chas W Fuller M. D.
Medical Attendant.

*Address* 168 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, d the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44236

The Physician who attended any person in a last illness is responsible for the [illegible]icate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Och

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 34 *Years,* 2 *Months,* 19 *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* cigar-maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} N° 69 S. Register St.

*Cause of Death,* First, (Primary.) unknown. probably Extensive one of liver & brain

Second, (Immediate.) general cachexia and declining.

*Duration of Last Sickness,* 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Living Cemetery

*Date of Burial,* 23d d. Nov.

*Undertaker,* Fred Gaede.

*Place of Business,* 24 S. Caroline St. *Address,* 163 Wilkens St

Henry Salzer *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

*Permit No.* 4/4237

The Physician who attended any person in a last illness is respons... this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 21st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Katie Elizabeth Schuckle

*Sex,* ~~Male or~~ Female, {Cross out the word not required in this line.}

*Age,* Four Years, Seven Months, Seven Days.

*Color,* White *Sex,* female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

*Duration of Residence in the City of Baltimore,* three years four months

*Place of Death,* {Give street and number.} 296 Saratoga St.

*Cause of Death,* First (Primary,) Malarial fever

Second (Immediate,) Congestion.

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cem J. H. D. Jordan M. D.

*Date of Burial,* Nov 23d 1880 Medical Attendant.

*Undertaker,* F. Lewis Schaefer *Address* 126 Mulberry St

*Place of Business,* 109 N Fremont

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 44238

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Sauerwine

*Sex,* ~~Male or~~ Female, {cross out the word not required in this line.} Female

*Age,* 22 Years, ~~Months,~~ ~~Days,~~

*Color,* White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

~~Occupation,~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give street and number} No 121 Wolf St

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem.

*Date of Burial,* Nov 23

*Undertaker,* Henry Bain

*Place of Business,* 25 Hillman st

Thomas J. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44239 ~~44239~~ 44239 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

*Date of Death,* Nov 21. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } W. P. A Eberhart

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 4 *Years,* 3 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto. Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 178 East Fayette St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Bell Grove.

*Date of Burial,* Nov 23 1880

*Undertaker,* Henry Sanders

*Place of Business,* 252 Gordon Ave. *Address,* [illegible]

James A Tucker *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 4 2 4 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Wilts

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 5 *Years,* 6 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 242 S Paca St

*Cause of Death* First, (Primary,) Scarlet fever

Second, (Immediate,) Enuresis

*Duration of last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore town

*Date of Burial,* November 24th

*Undertaker,* Wm J. Tilden

*Place of Business,* 65 S. Eutaw St

J H Cuney *M. D.*
Medical Attendant.

*Address,* 76 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14241

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Martin

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 72 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Merchant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 46 years

*Place of Death,* {Give street and number} N° 44 Lynn St

*Cause of Death* First, (Primary.)

Second, (Immediate,) Dropsy of Heart

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt

*Date of Burial,* Nov. 23d/80

*Undertaker,* J. F. Byrne

*Place of Business,* Liberty St.

J. H. Martin M. D.
Medical Attendant.

*Address,* 28 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14212

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* November 22/80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Gerwerth (Gos Ellerschi)

*Sex, Male or Female,* {cross out the word not required in this line.} ~~Male~~

*Age,* 2 *Years,* 4 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} Theatre near Bel Air Ave

*Cause of Death* {First, (Primary,) Pseudo-Membranous Laryngitis

Second, (Immediate,)

*Duration of last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov. 23/80

*Undertaker,* George Schilling

*Place of Business,*

J. Russell Martenet M. D.
Medical Attendant.

*Address,* Bel Air Avenue near Washington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 22d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Connally

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5 E *Years,* —— *Months,* ..... *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Irland

*Duration of Residence in the City of Baltimore,* 1 yrs

*Place of Death,* {Give street and number} 29 Willen st

*Cause of Death* {First, (Primary,) Chronic Gastritis

Second, (Immediate,) 2 months

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* George Town D.C

*Date of Burial,* Nov 23 1880

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St *Address,* 134 N Hugh st

S. T. Coyne M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1965 Fremont

[OVER.]

Permit No. 15852

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT AUG 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 22 one 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Thos. Nairn

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* ~~ *Years,* 8 *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~

*Occupation,* ~~

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto

*Duration of Residence in the City of Baltimore,* 8 Mo & 1 dy

*Place of Death,* {Give street and number.} 100 Johnson St.

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Tabes Mesenterica

*Duration of Last Sickness,* 2 Mo

All the above information should be furnished by the Physician.

*Place of Burial,* Cedarhill Cemetery

*Date of Burial,* Nov 24

*Undertaker,* B. Stark

*Place of Business,* 82 West St.

R. E. Lee M.D.
Medical Attendant.

*Address,* Hanover & Barre Sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44245

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
NOV 23
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Tracey

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 48 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Stafford Co

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give street and number} No 531 N Gay St

*Cause of Death,* First, (Primary.) Carcinoma of Left Breast

Second, (Immediate,)

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Nov 24 10 o'clock

*Undertaker,* John W. Jackson

*Place of Business,* 529 North Gay St

A P Gray M. D.
Medical Attendant.

*Address,* 137 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44246

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah G Hare Jr

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 23 *Years,* 5 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Accomac Co Va

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 124 E Pratt St

*Cause of Death* First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 24th 1880

*Undertaker,* John Shaeffer

*Place of Business,* 150 E Lombard

Jno D. Blake M. D.
Medical Attendant.

*Address,* 16 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42247

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 25 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter E Baker-

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 3 Months, 22 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 99 Chest St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Whooping Cough

*Duration of Last Sickness,* Nine Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetery

*Date of Burial,* Nov. 23rd 1889

*Undertaker,* Wm. H. Hackman

*Place of Business,* 234 N. Gay St

Wm. Whitridge M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4 4 2 4 8 #24248 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary & Benjamin Brown (Parents

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 3 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City ✓

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 8. Madison Alley

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.) asthenia

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cemetery

*Date of Burial,* Nov 23 1880

*Undertaker,* Patrick Mullin

*Place of Business,* P. Park Ave

J. Thomas Scott M.D.,

~~Resident Physician.~~ Comm of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by J. P. Smith

[OVER.]

Permit No. 44249 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Lebis

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 127 S. Eden st

*Cause of Death,* First, (Primary.) Premature Birth

Second, (Immediate.) Inanition

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Comet

*Date of Burial,* Nov 23 1880

*Undertaker,* W. Funk

*Place of Business,*

James K Clemm M.D.,

~~Medical Attendant.~~ Comm of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo E. Taylor

Permit No. 4/4250

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 22nd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George H. Cole

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 25 *Years,* *Months,* *Days.*

*Color,*

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Shoe Cutter,

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore, ✓

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 166 N Bond St

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* 9½ Thursday 25th inst

*Undertaker,* Ingram Bro

*Place of Business,* 84 E. Broadway

H. C. Russell M.D.,
Medical Attendant.

*Address,* Broadway & Eastern Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 21. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* *Years,* About 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dist. City

*Duration of Residence in the City of Baltimore,* Since birth 18 days

*Place of Death,* {Give street and number} St. Vincents Infant Asylum

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,) Spasm

*Duration of last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Druids Brae

*Date of Burial,* Nov 24 1880

*Undertaker,* Jno Brannigan

*Place of Business,* 56 Division St.

Martin Brewer M. D.
Medical Attendant.

*Address,* 56 Division St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44252

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Charles Edwin Schacher

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nov 22 1880

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 3 *Days.*

*Color,* White

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.} Infant

*Occupation,* Infant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 812 E. Lombard St

*Cause of Death* { First, (Primary,) — Second, (Immediate,) Pneumonia

*Duration of last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Nov 24th

*Undertaker,* P. N. Roll

*Place of Business,* 131 Hanover St

N. Freyd Hertzer M. D.
Medical Attendant.

*Address,* 11 S. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44253

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Jaeckel

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 48 *Years,* — *Months,* — *Days*

*Color,* W

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Flour Dealer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* abt 32 Yrs

*Place of Death,* {Give street and number.} 377 E. Lombard St

*Cause of Death,* First (Primary,) Rheumatism

Second (Immediate,) Cardiac Embolism

*Duration of Last Sickness,* Sudden Death -

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Nov. 24 80

*Undertaker,* M. Fraser

*Place of Business,* 280 Canton Ave

Chas M. Moffit M.D.
Coroner E.D. Medical Attendant.

*Address,* 67 E Balto Street.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**Permit No.** 44257

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH NOV 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Catharine Read

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 80 years *Years,* 8 *Months,* 16 *Days.*

*Color,* *Sex,*

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Nearly whole life

*Place of Death,* {Give street and number.} 197 North Eutaw St Baltimore

*Cause of Death,* First (Primary,) Uraemia

Second (Immediate,) Apnoea

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cemetery J. Mott Howard M. D.

*Date of Burial,* 24th Nov. 1880 Medical Attendant.

*Undertaker,* A.W. Jenkins & Son *Address* 235 St Paul St or

*Place of Business,* 16 Light St. Huntsdon Avenue

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Woods

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* 6 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 5 Lewis St.

*Cause of Death* { First, (Primary,) Ignition

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* November 24.

*Undertaker,* John Henry.

*Place of Business,* 382 Orleans St

E. B. Fenby M. D.
Medical Attendant.

*Address,* 319 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44256

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 23/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dobbin

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Retired Business Man

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 39 years

*Place of Death,* {Give street and number} 293 August Ave

*Cause of Death* { First, (Primary,) Dyspepsia (Cardiac Hemiplegia a number years
Second, (Immediate,) Inf. Diarrhoea
about 2 weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green mount Cemetery

*Date of Burial,* Nov 25th 1880

*Undertaker,* John H. Weaver & Co.

*Place of Business,* 22 Fayette St *Address,*

Latrobe M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44257

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 17th. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jos. Jas. Banks

*Sex, Male* ~~or Female~~, { cross out the word not required in this line. }

*Age,* 2 *Years,* 4 *Months,* — *Days.*

*Color,* Colored

~~Married~~, *Single,* ~~Widow or Widower~~, { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } Ct. Backof No. 10 Jordan Al.

*Cause of Death* { First, (Primary,) Probably Pneumonia, Saw him once. Same who before died, and told them to send Second, (Immediate,) about a week before 7 day & to dispensary, but they did not and came to me five days after death for a certificate

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov. 24th 1880

*Undertaker,* Wm. H. Diehl & Sr.

*Place of Business,* 97 Druid Hill Ave

Eldridge C. Price M. D.

*Address,* 262 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

~~Board of Health, City of Baltimore,~~

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44,258

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 22d 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George W. Morris

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married.

*Occupation,* Carpenter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number.} 474 Saratoga St.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis.

Second (Immediate,) " "

*Duration of Last Sickness,* Four months. ✓

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 24

*Undertaker,* J H Leith

*Place of Business,* 707 West Baltimore

Thomas O'Sullivan M. D.
Medical Attendant.

*Address* 581 Lexington St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. [illegible] Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

44259 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Davis

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 5 mo Months, 15 da Days.

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 16 Concord St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 16 Concord St

*Cause of Death,* First, (Primary.) Premature

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Nov 23rd 1880

*Undertaker,* James P. Byrne

*Place of Business,* No 63 N Front St

G. B. Reynolds M.D.,
Medical Attendant.
Pr Brother

*Address,* 161 N Calvert St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended durlng his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. #44260 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44260 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPART NOV 23 BALTIMORE

*Date of Death,* Nov 17th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Wade

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* ——— *Years,* Six *Months,* ——— *Days.*

*Color,* Brown

*~~Married, Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Washington D C

*Duration of Residence in the City of Baltimore,* Since Nov 1880

*Place of Death,* { Give street and number. } 57 St Paul St

*Cause of Death,* { First, (Primary.) Pneumonitis

Second, (Immediate.) about 4 Weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter

*Date of Burial,* Nov 21/80

*Undertaker,* Pat. Mullin

*Place of Business,*

T. J. Ward *M.D.,*
Medical Attendant.

*Address,* 117 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

# 44261

*Date of Death,* November 21st 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary ~~Hagan~~ Guinan

*Sex, Male or Female,* { Cross out the word not required in this line. } Female. *Days.*

*Age,* 20 *Years,* *Months,*

*Color,* Negro

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* Housekeeper.

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Cumberland Md.

*Duration of Residence in the City of Baltimore,* 15 years - North side

*Place of Death,* { Give street and number. } Alley Rear of 1 Patt Av & Stockton St

*Cause of Death,* First, (Primary.) Wrights Phthisis Pulmonalis.

Second, (Immediate.) Asthma 6 months -

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov. 22 1880

*Undertaker,* Hennsley & Madden

*Place of Business,* #116 Orchard St

M. Riordan M.D.,

Medical Attendant.

*Address,* 520 Penna Ave -

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

FILM

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44262

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

*Date of Death,* Nov 22d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Nelson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country; (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give street and number} 421 Orchard St

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Seven months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Nov 22 - 1880

*Undertaker,* Hemsley & Watson

*Place of Business,* #116 Marchand St

W W Martin M. D.
Medical Attendant.

*Address,* 192 Park Pl

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY

Permit No. 44263 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44263 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 24, 1880 BALTIMORE

*Date of Death,* Nov. 22, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Bluhach

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 1 *Months,* *Days.*

~~*Color,*~~

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 29 Barnes Pl

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.)

*Duration of Last Sickness,* Un known

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsius Cem'y

*Date of Burial,* Nov. 24th, 1880 W. W. White, *M.D.*, Medical Attendant.

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St. *Address,* 247 Broadway

**...ct from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

...TION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty ...rsician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ...n be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44264

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 11 mo 23 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Marden

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 14 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* during her life

*Place of Death,* { Give street and number } 197 Maryland Avenue

*Cause of Death* { First, (Primary,) } Rheumatism

{ Second, (Immediate,) } Congestion of Brain

*Duration of last Sickness,* 5 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 25th Nov 1880

*Undertaker,* H. W. Jenkins Son

*Place of Business,* 16 Light St *Address,* 306 Madison Ave

W. Kelly *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 47265

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 23rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hupfeld

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} ✓

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 64 Mt Vernon Place

*Cause of Death,* First (Primary.) Cerebral Hemorrhage

Second (Immediate.) (Paralysis 3 weeks Pneumonia Centri 12 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 26th Nov. 1880

*Undertaker,* H. W. Jenkins Son

*Place of Business,* 16 Light St.

Physician Brooks M. D.

Medical Attendant.

*Address* 35 N Calvert

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Cain

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 64 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and number} 708 E Monument

*Cause of Death* {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 26th

*Undertaker,* John P. Paulus

*Place of Business,* 66 Frederick ave

David Glass M. D.
Medical Attendant.

*Address,* 168 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 14267

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 23rd

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James A Mooney

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. } Male

*Age,* 47 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* { Cross out the word not required in this line. } ✓

*Occupation,* Shoemaker

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 2 mos

*Place of Death,* { Give street and number } Corner of James & Fremont & Broadway

*Cause of Death,* { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) —

*Duration of last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Kent Co Md

*Date of Burial,* Nov 26th 1880

*Undertaker,* Jno H. Weaver Jr

*Place of Business,* 22 Fayette St

T. B. Gaw M. D.
Medical Attendant.

*Address,* Mad & Fremont & Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1967 Trans

[OVER.]

Permit No. 44268 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44268 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 24 1880 BALTIMORE

*Date of Death,* November 23. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Young

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 10 *Months,* 22 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 77 N. High St

*Cause of Death,* First, (Primary.) Convulsions.

Second, (Immediate.)

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Friedlands Balto Co

*Date of Burial,* Nov 24th 1880

*Undertaker,* W. H. Heckmann

*Place of Business,* Gay St

J. W. Hook, M.D.,
Medical Attendant.

*Address,* 75 E. Baltimore St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 1968

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14269

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline C. Wenzel

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} Female

*Age,* 23 *Years,* 3 *Months,* 9 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* One Month

*Place of Death,* {Give street and number} No 176 East St

*Cause of Death* { First, (Primary,) Typhoid Pneumonia / Second, (Immediate,) ———

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 24th

*Undertaker,* Henry Brickle

*Place of Business,* Henrietta St 81

C. L. Buddenbohn *M. D.*
Medical Attendant.

*Address,* 166 S. Paca St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

244270 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV 1890 BALTIMORE

*Date of Death,* November 23 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Schroder

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 6 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bach

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 238 Montgomery St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diptheria

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 26

*Undertaker,* Henry Reiss

*Place of Business,* Hanover St 87

Geo Leonhardt M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44271

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Ranshue

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 79 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 64 President St

*Cause of Death,* First, (Primary,) Senility

Second, (Immediate,) Asthenia

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church Cemetery

*Date of Burial,* Nov 25th 1880

*Undertaker,* Peter Frey

*Place of Business,* 91 Eutaw St

D W Cathell M. D.
Medical Attendant.

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 24th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H Jones

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 2 *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} No 210 Gough St

*Cause of Death* {First, (Primary,) Croup

Second, (Immediate,)

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Novem 26th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 & Broadway *Address,*

D. Gaby *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44273

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mart a Johnson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Twenty eight *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 58 Harmony Lane

*Cause of Death* {First, (Primary,) Pleuritis / Second, (Immediate,) Laryngitis

*Duration of last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cemetery

*Date of Burial,* Nov 23rd 1880

*Undertaker,* J. P. Evans

*Place of Business,* 123 S. Howard St

H S Bowie M. D.
Medical Attendant.

*Address,* Northwestern Dispy

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44274

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 24 1880 BALTIMORE

*Date of Death,* Nov. 22d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Phillip Johnson

*~~Sex, Male or Female,~~* {Cross out the word not required in this line.}

*Age,* 24 *Years,* —— *Months,* —— *Days.*

*Color,* Color *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number.} 11 Jasper n-

*Cause of Death,* First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov. 24th 1880

*Undertaker,* S. H. Chase

*Place of Business,* 175 S. Howard st *Address*

J. Gibbons *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 24273 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No. 24273

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV. 24 1880 BALTIMORE

*Date of Death,* Nov 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rudgers

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* Eighty Six *Years,* *Months,* *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Boston

*Duration of Residence in the City of Baltimore,* Sixty Five

*Place of Death,* {Give street and number.} 433 North Central Avenue

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate.) Congestion of the Lungs

*Duration of Last Sickness,* Two weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Green Mount Cemet

*Date of Burial,* November 24th 1880

*Undertaker,* Wm H. McKnew

*Place of Business,* 1234 Jay

Milton A. Taylor M.D.,
Medical Attendant.

*Address,* Broadway & Mc Elderry St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44276 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44276 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Frederick Diver

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 1 *Years,* 1 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 143 S. Madeira al—

*Cause of Death,* First, (Primary.) Diphtheria — Anemia

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* 1st Evangelical Lutheran

*Date of Burial,* Nov 25th

*Undertaker,* H Foehlich

*Place of Business,* 244 Eastern a

James F. Shaw M.D.,
Medical Attendant.

*Address,* 24 Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 4.4279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV. 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 23rd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Catherine Neidigh

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* four . *Years,* One *Months,* five *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* See Lifetime

*Place of Death,* { Give street and number. } No. 169 Bond Street

*Cause of Death,* First (Primary,) General Debility and weakness

Second (Immediate,) Diphtheria

*Duration of Last Sickness,* Two days.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemty

*Date of Burial,* Nov 25th

*Undertaker,* H Fockler

*Place of Business,* 214 Eastern Ave

L. Schwartz M. D.

Medical Attendant.

*Address* Elliott & Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

*Permit No.* 14278

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Workman Beacham

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Twenty-Nine *Years,* five *Months,* — *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Real Estate Agent

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 8 Edmondson Avenue

*Cause of Death,* First (Primary,) Tubercular Phthisis

Second (Immediate,) Tubercular Laryngitis

*Duration of Last Sickness,* Two Months and seventeen days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Nov 26. 1880

*Undertaker,* Thos Hughes

*Place of Business,* 60 E Fayette St

H S Bowie M. D.

Medical Attendant.

*Address* 175 N Arlington Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44279

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 23rd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mitchel.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 17 *Years,* *Months,* 20 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Servant.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Queen Ann's County, Md.

*Duration of Residence in the City of Baltimore,* 2 Years.

*Place of Death,* {Give street and number} 5 E. Vincent St.

*Cause of Death* First, (Primary,) Typhoid Malaria Fever.

Second, (Immediate,)

*Duration of last Sickness,* About One Month.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery Md

*Date of Burial,* Nov 26 1880

J. Walton White M. D.
Medical Attendant.

*Undertaker,* William Norris

*Place of Business,* No 62 East Street

*Address,* J. H. Gilmor Sh

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Trans 1909

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44280

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Poole

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 10 *Months,* ____ *Days.*

*Color,* cd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 3 N. Stricker alley

*Cause of Death,* First, (Primary,) Whooping Cough

Second, (Immediate,) Cerebral Effusion

*Duration of last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Lowndes Cemetery,

*Date of Burial,* Nov 24 1880

John Neff M. D.
Medical Attendant.

*Undertaker,* William Dunger

*Place of Business,* No 62 East Pratt

*Address,* N. Carrollton & Harlem Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DUGANT & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44281

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 23 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian H Winkelman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* / *Months,* 19 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 36 Columbia Ave

*Cause of Death* First, (Primary,) Catarrhal croup

Second, (Immediate,) Convulsion

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 25th

*Undertaker,* H. V. Gholl

*Place of Business,* 131 Hanover St

J. H. Emmey *M. D.*
Medical Attendant.

*Address,* 76 Ithaca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 44282.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT NOV 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 24th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Roberts

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and number} No. 336 Hillsdale St.

*Cause of Death* First, (Primary,) Abscess

Second, (Immediate,) Spasms

*Duration of last Sickness,* 1st Days

All the above information should be furnished by the Physician.

*Place of Burial,* New Methodist Cemetery

*Date of Burial,* Nov. 25th 1880

*Undertaker,* John C. Schultz

*Place of Business,* 265 Alice Anne St.

[signature] M. D.
Medical Attendant.

*Address,* [illegible]

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44283.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 24 November 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Hart

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 13 Days.

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 15 Penn Pl

*Cause of Death,* First, (Primary,) Catarrh

Second, (Immediate,) 3 Days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lowden Park

*Date of Burial,* Nov 27 '71

*Undertaker,* J. Maher

*Place of Business,* Cr Paca & Camden

H. Owings M. D.
Medical Attendant.

Address. 194 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**Permit No.** 44284

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 23rd 50

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Keller

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 8 yrs *Years,* *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 8 yrs

*Place of Death,* {Give street and number.} 91 N Charles St

*Cause of Death,* First (Primary,) Enteritis

Second (Immediate,)

*Duration of Last Sickness,* Seven Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery *M. D.*

*Date of Burial,* 25th November

*Undertaker,* Matthew Fadrogan

*Place of Business,* 227 Mulberry St *Address*

Medical Attendant.

NOV. 24 1850 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44285

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 23 rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barney Lighthart

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.} Male

*Age,* 8 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 135 Riggs St.

*Cause of Death,* First (Primary,) Chronic, Croup

Second (Immediate,)

*Duration of Last Sickness,* two days

All the above information should be furnished by the Physician.

*Place of Burial,* Odenton Md

*Date of Burial,* Nov. 25 th 1880

*Undertaker,* Saml H. Chase

*Place of Business,* 193 S. Howard St.

L. H. L. Hall M.D.
Medical Attendant.

*Address,* 406 Cross St.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Trans = 1970

Permit No. 44286

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 24 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydiana Plummer

*Sex,* ~~Male or~~ *Female,* {Cross out the words not required in this line.} Female.

*Age,* 55 *Years,* 6. *Months,* 17 *Days*

*Color,* White

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* House keeper

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Little York. Pa

*Duration of Residence in the City of Baltimore,* 37 years.

*Place of Death,* {Give street and number.} 10 Ohio Avenue

*Cause of Death,* First (Primary,) Pneumonia.

Second (Immediate,)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 25th 1880

*Undertaker,* Julius Koehler *Address,* 406 Cross St

*Place of Business,* Sharp & Cross st

L. Th. L. Tall M.D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 1/287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 25 1880

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25 1880 BALTIMORE

*Date of Death,* Nov. 24th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Johanna Johanna Hanney

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 11 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } No. 634 W. Baltimore St

*Cause of Death,* First (Primary,) Acute Hydrocephalus

Second (Immediate,) Convulsions

*Duration of Last Sickness,* Two days — Died in 12 hours after being first taken with Convulsions.

All the above information should be furnished by the Physician.

*Place of Burial,* Wilson Cemetery

*Date of Burial,* Nov 25

Wm W. Murray *M. D.*
Medical Attendant.

*Undertaker,* S B Cook

*Place of Business,* 707 West Balto Address 808 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41288

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 22 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Russell

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Ship Carpenter

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* { Give street and number } 214 Montgomery

*Cause of Death,* { First, (Primary,) Cardiac Disease

Second, (Immediate,)

*Duration of last Sickness,* understood

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Nov 25th 1880

*Undertaker,* C P Krauss

*Place of Business,*

T Sellers M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44289

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Novemba 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Polands

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out, the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 198 S Eutaw

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Supposed to be Heart disease

*Duration of Last Sickness,* 20 Minutes

All the above information should be furnished by the Physician.

*...lace of Burial,* Bonnie Brae

*...f Burial,* Nov 24 1880

*...der,* Armstrong & Deny

*...iness,* 163 Light St *Address,* 146 Hanover St

H. Erdmann Coroner M.D.,
Medical Attendant.

**...f the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

*...ter enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ...ing his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...h, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ... name, sex, age and condition (whether married or single) of the person deceased, and the ... births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4c/290

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 22 1880 November

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary Barry

*Sex,* ~~Male~~ or Female, {Cross out the words not required in this line.}

*Age,* 19 *Years,* 19 *Months,* *Days.*

*Color,* Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Chamber maid

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore city

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 71 Central Ave

*Cause of Death,* First (Primary,) inflammation of the Stomach

Second (Immediate,) Gastritis

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Nov 25th 1880

*Undertaker,* Charles A White

*Place of Business,* 35 Granby St.

H Mack M. D.
Medical Attendant.

*Address,* No 36 South St
Baltimore City Md

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44291

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 23rd 1880 (Mudawald)

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Rodenwald

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* House Keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} —

*Duration of Residence in the City of Baltimore,* Nearly all her life

*Place of Death,* {Give street and number.} 24 Paca St.

*Cause of Death,* First (Primary,) Chronic Diarhoea

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Nov 25th 1880

*Undertaker,* R. H. Doane

*Place of Business,* cor Lombard and Carrollton Avenue

D. H. Scully M. D.
Medical Attendant.

*Address* 4 Cathedral St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44292 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44292 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25 1890 BALTIMORE

*Date of Death,* Nov. 23/90

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isadon Lausen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 27 Shakespeare St.

*Cause of Death,* First, (Primary.) Cyanosis

Second, (Immediate.)

*Duration of Last Sickness,* 2 mo

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus ~~Hospital~~ Cemetery

*Date of Burial,* Novbr 25.

*Undertaker,* Julius Hauch,

*Place of Business,* 240 S. Bond St.

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 11 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. [illegible] Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

#44293

HEALTH DEPARTMENT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 24th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Pollet

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 60 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } England

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } Asylum of the Little Sisters of the Poor cor. John and Valley Street

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Peritonitis

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* November 26th 1880

*Undertaker,* Henry Shelthies

*Place of Business,*

W. Louis Doyle M.D.,
Medical Attendant.

*Address,* 166 E. Eager St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 442914

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1930 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* June 21 1930

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Rieger

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 41 *Years,* 2 *Months,* 12 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Cigar Maker

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* about 20 Years

*Place of Death,* {Give street and number.} 112 South St

*Cause of Death,* First (Primary,) Tumor Cerebri

Second (Immediate,)

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* 23

*Undertaker,* Ernst Schloman

*Place of Business,* 200 Sharp St

J G Wemble *M. D.*
Medical Attendant.

*Address,* 207 W Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14295

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Austin Scott.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 7 Vine St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pthisis Pulmonalis,

*Duration of last Sickness,* 2 Mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 26th 1880

*Undertaker,* C. Whitehurst

*Place of Business,* 191 Hanover

Jas. G. Whitelurst, M. D.
Medical Attendant.

*Address,* Foy alley & Pace sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4ef296 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 23 1887 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 23d 1887

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Gibbons

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* Col'd,

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Oyster Shucker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co, Md

*Duration of Residence in the City of Baltimore,* 18 years

*Place of Death,* {Give street and number.} No 10 S. Eutaw

*Cause of Death,* First, (Primary.) Exposure

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 26th 1887

*Undertaker,* Theo F Ecker

*Place of Business,* 23 Jefferson

Wm H Norris M.D.,
Medical Attendant.

*Address,* E. Baltimore

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44297 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

#44297

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV 23 1880 BALTIMORE

*Date of Death,* Nov 22th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Hukes

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* (Colored)

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth,} Cambridge

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give street and number.} 11 E Short Alley

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* one year

All the above Information should be furnished by the Physician.

*Place of Burial,* Funnel Cemetery

*Date of Burial,* Nov 25 1880

*Undertaker,* Chas J Hukes

*Place of Business,* 23 Jefferson st

Samil T Powell M.D.,
Medical Attendant.

*Address,* No 29 Augusta

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Permit No. 44298 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

* 44298 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

NOV 23 BALTIMORE MD

*Date of Death,* Nov. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Weaver

*~~Sex, Male or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 28 *Years,* 10 *Months,* 2 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 225 S. Bethel St.

*Cause of Death,* First, (Primary.) Pulmonary Consumption.

Second, (Immediate.) asthenia

*Duration of Last Sickness,* 11 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cemetery

*Date of Burial,* November 26 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

Jno. S. Lynch M.D.,
Medical Attendant.

*Address,* 17 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45299 Office of Registrar of [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# #44299 CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 25 BALTIMORE

*Date of Death,* November 24th 1899

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Lovette

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bath

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 692 Light St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* November 25th

*Undertaker,* B. Hart.

*Place of Business,* 82 West Street.

[signature] M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44300 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No~~ 44300 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Dougherty

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 4 Monumental Ct.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cemetery

*Date of Burial,* Nov 26 1880

*Undertaker,* Mc Shane

*Place of Business,* —

James E. McShane M.D.,
Medical Attendant.

*Address,* 606 Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4453 01

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 25 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 23rd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wappserer

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoe Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Twenty Six years.

*Place of Death,* {Give street and number} 302 Canton avenue.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria.

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphansus Cem.

*Date of Burial,* Nov. 26th '80

*Undertaker,* M. Franck

*Place of Business,* 280 Canton Ave

Nicholas L. Dashiell M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44302 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frances Montgomery

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 69 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* about 30 years

*Place of Death,* {Give street and number.} No. 188 S. Durham's

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Heart disease

*Duration of Last Sickness,* about 5 year

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem.

*Date of Burial,* Nov. 26th

*Undertaker,* Henry Lander

*Place of Business,* 952 Cantonway, *Address,* Cor. E. Balto & Cent. Av

Wm H Norris *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44303

HEALTH DEPARTMENT NOV 26 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 25th, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarena Wallace

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} # 292 S. Dallas St.

*Cause of Death,* First, (Primary.) Internal convulsions.

Second, (Immediate,) ____

*Duration of last Sickness,* 5 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Madison Cem.

*Date of Burial,* Nov. 26th 1880

John H. Rehberger M. D.
Medical Attendant.

*Undertaker,* Henry Snyder

*Place of Business,* 252 Canton Av. *Address,* # 243 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. INGLAND & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 4 3 0 4

NOV 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 25th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariana Knewel

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 73 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* Nine years

*Place of Death,* {Give street and number} # 322 S. Dallas St.

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate,) .....

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Nov. 27-th

*Undertaker,* H. Diffet

*Place of Business,* S. Bond st. 151

John H. Rehberger M. D.
Medical Attendant.

*Address,* # 243 Aliceanna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. [illegible] Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44305 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 23. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Meredith Stocks-

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* 2 *Years,* 2 *Months,* 16 *Days.*

*Color,* "Colored"

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2 yrs 2 M 16 d

*Place of Death,* {Give street and number.} 10 Vincent Alley-

*Cause of Death,* First, (Primary.) Pneumonia-

Second, (Immediate.) Asthmiac-

*Duration of Last Sickness,* 4 days-

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Nov 26th 1880

*Undertaker,* Abraham Wayman

*Place of Business,* 130 Saratoga

W Rickart, M.D.,
Medical Attendant.

*Address,* 520 Penna Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14306

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Smith

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 38 *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Washer Woman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* All 23 yrs.

*Place of Death,* {Give street and number} 8 & 2 Durham Al-

*Cause of Death* {First, (Primary,) Epileptiform Convulsions

Second, (Immediate,)

*Duration of last Sickness,* Abt 2 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel cemetery

*Date of Burial,* Nov 25th 1880

*Undertaker,* Wadren Locke

*Place of Business,* 1273 Jefferson st

Geo L Kummer M. D.
Medical Attendant.

*Address,* Balto Md.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44307 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 26, 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* November 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. A. Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days.*

*Color,*

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Tin & Sheet Iron Worker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 65 Barnes st

*Cause of Death,* First, (Primary.) Tubercular Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov. 26th 1880

*Undertaker,* Wm. H Stockman

*Place of Business,* 232 W Gay St.

Wm L Russell M.D.,
Medical Attendant.

*Address,* Broadway & Fayette

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 44308

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jaeger

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 56 *Years,* 1 *Months,* 8 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* 14 years.

*Place of Death,* {Give street and number} 172 S. Durham St.

*Cause of Death,* First, (Primary,) Emphysema of the Lungs

Second, (Immediate,)

*Duration of last Sickness,* Six weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Cemetery

*Date of Burial,* Nov 26th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave

A. H. Erich M. D.
Medical Attendant.

*Address,* 940 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44309 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

44309

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Mish

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One (1) *Years,* — *Months,* Four (4) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 248 E. Chase St

*Cause of Death,* First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Nov 26 1880

S. Wilmer M.D.,
Medical Attendant.

*Undertaker,* Henry Hoen

*Place of Business,* 39 Eutaw Ave *Address,* 39 Eutaw Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 41310

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lolayne

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Seamstress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number} 57 Hanover Alley

*Cause of Death* First, (Primary,) Unknown

Second, (Immediate,) Apoplexy probably

*Duration of last Sickness,* sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 26th 1880

*Undertaker,* Thos J Locke

*Place of Business,* 73 Jefferson

Edmund Kemp Walker M. D.
Medical Attendant.

*Address,* Coroner in OS

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4481

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth L. Lawson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 4 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} "

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto, Italy

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 287 Columbia

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Croup, (Diphtheritic)

*Duration of Last Sickness,* 4 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Nov 26th 1880

*Undertaker,* John Thacker

*Place of Business,* No 150 Lombard

R. J. McTull M.D.,
Medical Attendant.

*Address,* 15 28 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 14312

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Wednesday November 24th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anita Gertrude Dudrow

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 510 E. Chase St.

*Cause of Death* First, (Primary,) Membranous Croup - Tracheotomy was performed one week previous to death with success, but Acute Bronchitis

~~Second, (Immediate.)~~ setting in on the 5th day was the immediate cause of death.

*Duration of ~~last~~ Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Nov 26th

Wilmer Brinton M. D.
Medical Attendant.

*Undertaker,* H. C. Weidefeld

*Place of Business,* 90 Greenmount Ave *Address,* 25½ Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44313

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* November 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Finaby

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 80 *Years,* 0 *Months,* 0 *Days.*

*Color,* Dark Brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt City

*Duration of Residence in the City of Baltimore,* 80 years

*Place of Death,* {Give street and number} No 105 Shield St

*Cause of Death* { First, (Primary,) Unknown
Second, (Immediate,) Bilious Pneumonia

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 25th 1880

*Undertaker,* Wm J Gray

*Place of Business,* 65 Mulberry

B F Bohrer M. D.
Medical Attendant.

*Address,* Cor Druid Hill av & Dolphin st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Michael Norton

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 53 or 4 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Norton's alley

*Cause of Death,* First (Primary,) Chronic enteritis

Second (Immediate,) Complicated with Pneumonia three weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral ... E. Blandin ... M. D.

*Date of Burial,* Nov 26th 1880 ... Medical Attendant.

*Undertaker,* Chas J Scriven ... *Address* 5 & 7 Cathedral

*Place of Business,* 271 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44315 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44315 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Zachardia

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 86 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bremen 20 yrs

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 329 S. Bond St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Senile decay

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michaels Cy

*Date of Burial,* Nov 26 1880

*Undertaker,* A. Kohler

*Place of Business,* E. Lombard St

I Thurston Clem M.D., ~~Medical Attendant.~~

*Address,* Comm of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd Geo E. Taylor

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44316 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

*Date of Death,* Nov 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Simmonds

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* 15 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 23 Randall St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician. Coroner's Case

*Place of Burial,* Castle Haven Cemetery

*Date of Burial,* Nov 27 1880

*Undertaker,* Jos B. Cook

*Place of Business,* No 707 W Baltimore Street

Charles Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

1972 Transcribed

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44317

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE!

HALL'S DEPOT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Keller

*Sex, Male* ~~*or Female*~~, {Cross out the word not required in this line.}

*Age,* 34 *Years,* 6 *Months,* 1 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Dealer in Oysters

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Philadelphia Penna

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give street and number.} N 169 Franklin St

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Acute Gastritis

*Duration of Last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Nov 27th 1880

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W Baltimore Street

Sam'l A Mitaye M. D.
Medical Attendant.

*Address* No 14 S Paca St Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 14318

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sue A Blades

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 8 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 26 S. Eden St

*Cause of Death* {First, (Primary,) Scarlet Fever

{Second, (Immediate,)

*Duration of last Sickness,* Five Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Nov 27th 1880

*{Undertaker,* Denny & Mitchell

*{Place of Business,* 65 S Broadway

Geo. S. Zimmerman M. D.
Medical Attendant.

*Address,* 732 E. Pratt St.

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44319

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

Date of Death, 25 November 1880 Lauchau

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Leopold Lauchau

Sex, Male or Female, {Cross out the words not required in this line.} male

Age, 48 Years, 2 Months, 30 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, fresco painter

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Bromberg Prussia 30 years

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give street and number.} Mulberry Street 152

Cause of Death, {First (Primary,) Brights disease of kidneys

Second (Immediate,) Hydrops

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Novem 28th 1880

{Undertaker, Henry Meyer

{Place of Business, 106 N. Howard St Baltimore Md

Dr F Reinhard M.D.
Medical Attendant.

Address, 224 W. Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

*Permit No.* 14320

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* October 26 Morning

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Julius Gerfield Hart

*Sex, Male or Female,* { Cross out the word not required in this line. } Julius

*Age,* ~~1 Day~~ *Years,* ~~Months,~~ 1 month 20 *Days.*

*Color,* *Sex,* White

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. }

*Occupation,* Black smith.

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } Hartsolon st (Unknown)

*Cause of Death,* { First (Primary,) Longlasmung + Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery Hartsolon st. Martin. Pete

*Date of Burial,* Oct 27 80 Dr. M. D.

Medical Attendant.

*Undertaker,* Ansley & Dew

*Place of Business,* Address 75 D Bond 2268 Light st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44321 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Ambrose Dunbar

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 16 *Years,* 11 *Months,* 18 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 120 East St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis & Hemorrhage

Second, (Immediate.) " Pneumonia.

*Duration of Last Sickness,* 4 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* 27th November

*Undertaker,* Ed. Weber

*Place of Business,* 26 Eutaw St

Edward P. McDevitt M.D.,
Medical Attendant.

*Address,* 133 N. Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44322

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 26/880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hinnitta Volz

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 67 *Years,* 3 *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Home wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and number} 135 S. Eyster St

*Cause of Death* { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* M. A. Carmel Cem

*Date of Burial,* Nov. 28th 1880

A. Knopf Sharkey M. D.
Medical Attendant.

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave *Address,* 11 S. 14th St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 24302 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44323 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wilhelm

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ——— *Years,* ——— *Months,* Five (5) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 238 S. Wayne Ave

*Cause of Death,* First, (Primary.) Eclampsia

Second, (Immediate.)

*Duration of Last Sickness,* Several hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Nov. 26 1880

*Undertaker,* Henry Haeck

*Place of Business,* 309 N. Central Ave *Address,*

J. H. Wilson *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4-4324

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 25: 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Walen (Watts)

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dont Know

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and number} 206 Central Ave

*Cause of Death* {First, (Primary,) Phthisic Pulmonalie

Second, (Immediate,)

*Duration of last Sickness,* Four Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Balto. Co

*Date of Burial,* Nov 29th 1880

*Undertaker,* John Watts

*Place of Business,* Woodberry

Jno E Donnelle *M. D.*
Medical Attendant.

*Address,* 99 E Baltimore Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44325 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

*Date of Death,* November 25th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Herman, Brick Layer

*Sex, Male* ~~or Female~~, { Cross out the word not required in this line. } Male

*Age,* 73 *Years,* 1 *Months,* 15 *Days.*

*Color,* White

~~Married, Single, Widow or~~ *Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Prussia

*Duration of Residence in the City of Baltimore,* 42 Years

*Place of Death,* { Give street and number. } No 316 S Sharp St

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.)

*Duration of Last Sickness,* First attack 11 Mo Since, Last 4 Days Since

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 28th 1880

*Undertaker,* Julius Koepler

*Place of Business,* Sharp & Cross Sts

H B Noble M.D.,
Medical Attendant.

*Address,* 17 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44326

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Friday Nov 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Arch

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 4 *Months,* 2 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto city

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} No 162 Burgundy St

*Cause of Death,* {First (Primary,) Second (Immediate,)} Scarlatina

*Duration of Last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Novem 28 Th 80

*Undertaker,* Rau & Bartlett

*Place of Business,* 62½ W. Balto St

H. Nelson, M. D.
Medical Attendant.

*Address* Lombard & Fremont Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44327 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44327

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 26 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov. 25, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Tiffany.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 4 *Months,* 24 *Days.*

*Color,* White.

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 133 E. Monument St

*Cause of Death,* First, (Primary.) Dysentery

Second, (Immediate.)

*Duration of Last Sickness,* 6 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 27th

*Undertaker,* Geo Schilling

*Place of Business,*

J. W. Hook M.D.,
Medical Attendant.

*Address,* 75 E. Balt St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44328 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44328 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 28 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 24th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Tamm

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

*Age,* 19 *Years,* 10 *Months,* — *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Entire

*Place of Death,* {Give street and number.} 372 McDonough St

*Cause of Death,* First, (Primary.) Hydrocephaloid

Second, (Immediate.) Paralysis cardiac

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Nov 28th

*Undertaker,* Geo Schilling

*Place of Business,*

Thomas M.D.,
Medical Attendant.

*Address,* 241 S. Paca

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44329 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44329

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 26 th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick M Kernan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Fracture of Skull

Second, (Immediate.) Compression of the Brain

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Nov 28 1880

*Undertaker,* James P Byrne

*Place of Business,* 1163 N Irons St

F B Dalby M.D.,
Medical Attendant.

*Address,* City Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44330

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Wednesday 24th November

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Coach

Female

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* One *Years,* Eight *Months,* 24 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No 5 Slaughterhouse alley

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} No. 5 Slaughterhouse alley

*Cause of Death* First, (Primary,) Burn

Second, (Immediate,)

*Duration of last Sickness,* 12 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 27

*Undertaker,* Herod & Ross

*Place of Business,* 15 Cordway St

Wm H. Eberlein, M. D.
Medical Attendant.

*Address,* N.E. Cor. Columbia Ave. & Front

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44331 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

#44331

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV. 27, 1880 BALTIMORE

*Date of Death,* John McCormick Nov 26th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McCormick

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Thirty Years

*Place of Death,* {Give street and number.} No 1 Constitution St Balto.

*Cause of Death,* First, (Primary.) Organic Disease of Heart,

Second, (Immediate.) Mortification of Lungs

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Nov 28 Th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Av *Address,*

Harry Smith, *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44332 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

44332

# CERTIFICATE OF DEATH

*Date of Death,* November 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mainz

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 61 *Years,* 2 *Months,* 25 *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Cigar-maker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 29 years

*Place of Death,* {Give street and number.} 43 Portland St.

*Cause of Death,* First, (Primary.) Cancer in mediastinal space.

Second, (Immediate.) Cachexia.

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* November 28th 1880

*Undertaker,* Geo. Leimbach

*Place of Business,* 389 West Pratt St. *Address,* 163 Wilmbach

Henry Saber M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

*Permit No.* 4/4338

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 26th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Wolf. H. Klein

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 76 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Married

*Occupation,*

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* { Give street and number. } Hebrew Hospital

*Cause of Death,* First (Primary,) Cerebral Hemorrhage

Second (Immediate,) Hemiplegia

*Duration of Last Sickness,* Four (4) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Hebrew Cemetery

*Date of Burial,* Nov. 28th 1880

*Undertaker,* Wm. Edlow

*Place of Business,* 101 Gough St *Address* Fell or Eager sts Fells Point

H. Hebrew M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 42334

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Strickland

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* — *Years,* 9 *Months,* — *Days.*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} No 129 Wilkens Ave

*Cause of Death* {First, (Primary,) —} {Second, (Immediate,) Burned to Death}

*Duration of last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 27th

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga St

J. J. Smith M. D.
Medical Attendant.

*Address,* 1103 E. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/4335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. E. Stark

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 2 *Months,* 2 *Days.*

*Color,* Mulatto

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Liberty Road Lifetown

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 10 Convent alley.

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,) Chronic Croup.

*Duration of last Sickness,* one week.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Cemetery

*Date of Burial,* Nov 28

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga St.

G. H. Ames M. D.
Medical Attendant.

*Address,* Cor Eutaw & Pleasant

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14336

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fiehe

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* one *Months,* ..... *Days.*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No. 4 L. Pine St.

*Duration of Residence in the City of Baltimore,* one month.

*Place of Death,* {Give street and number} No 4 L. Pine St.

*Cause of Death* First, (Primary,) Debility

Second, (Immediate,) convulsion

*Duration of last Sickness,* one month.

All the above information should be furnished by the Physician.

*Place of Burial,* Shorb's Cemetery

*Date of Burial,* Nov 27 1880

*Undertaker,* William Durst

*Place of Business,* No 62 East St. *Address,* 120 N. Green St.

J. B. Gardner M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4/4337

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan LeRoy Alexander

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* 10 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,* S

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* 2. 2, & 10.

*Place of Death,* {Give street and number.} 16 S. Oregon St

*Cause of Death,* First (Primary.)

Second (Immediate,) Diptheria

*Duration of Last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Nov 29th 1880

*Undertaker,* John Mercher

*Place of Business,* Broad Candler

R. C. Lee M.D.
Medical Attendant.

*Address,* Hanover Barre &c

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. #4038 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44338 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Spriggs

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~Years,~~ 8 *Months,* ~~Days.~~

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 5th Coy Alley

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* One hour

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,*

*Undertaker,* John C. Jordan

*Place of Business,*

Thos H Steuart M.D.,

~~Medical Attendant.~~

Comm of Health & Registrar

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 11339

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* .....

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } .....

*Sex, Male or Female,* { cross out the word not required in this line. } .....

*Age,* ..... *Years,* ..... *Months,* ..... *Days.*

*Color,* .....

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } .....

*Cause of Death* { First, (Primary,) ..... Second, (Immediate,) ..... }

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphons Cemetery

*Date of Burial,* November 28

*Undertaker,* B. Thull

*Place of Business,* 82 West St.

..... M. D.
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 443470

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

*Date of Death,* Nov 24 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Stella Iredale

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 8 *Years,* 4 *Months,* 5 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} 28 N Eutaw St

*Duration of Residence in the City of Baltimore,* 8 years and 28 N Eutaw St

*Place of Death,* {Give street and number.}

*Cause of Death,* {First (Primary,) Consumption

Second (Immediate,)

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Gallo = Cemetary

*Date of Burial,* Nov 28th 1880

{*Undertaker,* H. Seward

*Place of Business,* 35 S. Eutaw St

Chas W Frew M.D.
Medical Attendant.

*Address* 168 W Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

**Permit No.** 44324 #44344

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 26. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Chester Morris

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* 6 *Months,* 17 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Three Weeks

*Place of Death,* {Give street and number.} 315 Madison Ave

*Cause of Death,* {First (Primary,) Thrombus; Second (Immediate,) Paralysis}

*Duration of Last Sickness,* About 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* 29th Nov. 1880

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St.

Jas Carey Thomas M. D.
Medical Attendant.

*Address* 317 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

4324

...an who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*
...ndertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
...requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

#44342

Date of Death, Nov 26. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Kelso

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Years, 89 Months, 8 Days. V

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant (Retired)

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City 89 years 8 months

Duration of Residence in the City of Baltimore, 89 years

Place of Death, {Give street and number.} 317 Linden Ave

Cause of Death, {First (Primary,) old age / Second (Immediate,) Exhaustion from failure of Stomach}

Duration of Last Sickness, Nearly 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 30th Nov. 1880

{Undertaker, H. W. Jenkins & Son / Place of Business, 16 Light St}

Jas Carey Thomas, M. D.
Medical Attendant.

Address 317 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physicinn who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 44343

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha S Patterson

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 4 Years, Months, Days.

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 162 N Carlton St

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* 15 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 29th Nov. 1880

*Undertaker,* H.W. Jenkins Son

*Place of Business,* 16 Light St.

W. Wilkins Irving M. D.
Medical Attendant.

*Address,* 121 W Lanvale St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44314

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 27/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Stroh

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany 35 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 504 Washington Ave near Gay St

*Cause of Death* {First, (Primary,) old age

Second, (Immediate,) Malarial Fever

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* 29 November

*Undertaker,* Jacob Muller, 2 Pleasant

*Place of Business,* o o o

Jacob Mantua M. D.
Medical Attendant.

*Address,* Balto & Washington Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. [illegible] Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No 44345 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Taphine Hall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 21 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 31 years

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Fracture of thigh compound

Second, (Immediate.) Septicemia

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemet

*Date of Burial,* Nov 27 1880

*Undertaker,* or J. H. Goodwin

*Place of Business,* 4 S. Mount St

H. B. Dudley M.D.,
Medical Attendant.

*Address,* City Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 14346

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Steinesdorfer

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 59 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married,* ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Married

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} No 267 S. Durham St

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Hemmorrhage from Bowels

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem.

*Date of Burial,* Nov 28th

*Undertaker,* H. Frechlich

*Place of Business,* 241 Eastern Ave

Thomas P. Evans, M. D.
Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44347 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE NOV 27 1880

#44347

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 25/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Victoria Mooney

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~ Years, 7 Months, Days.

*Color,* Dark Brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Entero Colitis

*Duration of Last Sickness,* about 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Nov 26/80

*Undertaker,* P. Mullin

*Place of Business,*

J. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44348

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Diver (adopted son)

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~Occupation~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 241 Conway St

*Cause of Death,* First, (Primary,) Diphtheria Croup

Second, (Immediate,) Asphyxia

*Duration of last Sickness,* 1 Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Nov. 28th 1880

*Undertaker,* John Maclean

*Place of Business,* Paca & Conway

Wm B Thomas M. D.
Medical Attendant.

*Address,* 78 South Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44349 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44349

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV. 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 26/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Green

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 75 *Years,* *Months,* *Days.*

*Color,* Blk

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give street and number.} 11 Herring Court

*Cause of Death,* First, (Primary.) old age

Second, (Immediate.)

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 28th 1880

*Undertaker,* Thos J Locke

*Place of Business,* 23 Jefferson St

R W Mansfield M.D.,
Medical Attendant.

*Address,* 117 S Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44350

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hopkins

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* Seventy six *Years,* — *Months,* — *Days.*

*Color,* Brown

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Drayman - Retired for 30 Years

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore Md

*Duration of Residence in the City of Baltimore,* 76 Years

*Place of Death,* {Give street and number} No 6 Chestnut av

*Cause of Death,* First, (Primary,) Dementia

Second, (Immediate,) Old age - Exhaustion

*Duration of last Sickness,* Three Years

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 28th 1880

*Undertaker,* Chas H Ritzdales

*Place of Business,* 138 Hanover St

Whitefield Wilson M. D.
Medical Attendant.

*Address,* 126 E Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4357

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Frank

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Years, 5 Months, 25 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City of Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 307 west Fayette st

*Cause of Death* First, (Primary,) Gastro Intestinal Irritation

Second, (Immediate,) Convulsion

*Duration of last Sickness,* 6 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* Nov. 28th 1880

*Undertaker,* Mrs Silas

*Place of Business,* 101 Gough St. *Address,*

D. P. Hoffman M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44358

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Davis

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Twenty *Years,* — *Months,* *Days.*

*Color,* Mullato

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Seaman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} St Paul's Infirmary

*Cause of Death,* First, (Primary.) Pleuro Pneumonia and Malarial Fever

Second, (Immediate.) Syncope

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* E. Public Cem

*Date of Burial,* Nov 27th 1880

{*Undertaker,* Patrick Mullin

{*Place of Business,*

Ras Goldstrom *M.D.,*
Medical Attendant.

*Address,* Aisquith Street

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 4353

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thelo

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 80 *Years,* 2 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hesse Cassel Germany

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and number} No 12 Booth st

*Cause of Death* { First, (Primary,) Senility
Second, (Immediate,)

*Duration of last Sickness,* About one year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Nov 28

*Undertaker,* Joseph B Cook

*Place of Business,* 707 West Baltimore

D. P. Hoffman M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14352

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 11, 25, 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Martin

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 18 mos

*Place of Death,* {Give street and number} 210 Warren

*Cause of Death* { First, (Primary,) Diphtheria
Second, (Immediate,)

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 29 1880

{ *Undertaker,* A McShane
{ *Place of Business,* 148 Howard St

H H Goodman M. D.
Medical Attendant.

*Address,* 314 E

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44355 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

#44355

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Harris

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 16 *Years,* — *Months,* — *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 16 y.

*Place of Death,* {Give street and number.} 57 Mutter Ave.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 10 mo.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Nov 28 1880

*Undertaker,* S McShane

*Place of Business,* 195 Howard

W. H. Hunter *M.D.,*

Medical Attendant.

*Address,* W Fayette & Mulberry

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44356

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 27 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Walter H. Walters

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. } Male

*Age,* *Years,* 10 *Months,* — *Days.*

*Color,* Col *Sex,* Male

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* { Give street and number. } 173 Main St

*Cause of Death,* { First (Primary,) — Second (Immediate,) Convulsions

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 28 1880

*Undertaker,* S McHose

*Place of Business,* 98 Hanover & *Address* 516 W Balto St

W C Stewart *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 44357

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 27th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Kenly

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 80 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Mil. —

*Birthplace,* { State or country, (and how long in the United States if of foreign birth. } Harford Co Md

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* { Give street and number } 31 George St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* Nov 29th 880

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St

David Streett M. D.
Medical Attendant.

*Address,* 143 N. Exeter St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as t[illegible] ascertained, the full n[illegible]x, age and condition (whether married or single) of the person deceased, an[illegible] exc[illegible] and deaths of illegitim[illegible]ildren.

WM. J. C. DULANY & CO.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

*Permit No.* 44358

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie Lerew

*Sex, Male or Female,* {Cross out the words not required in this line.} female

*Age,* 61 *Years,* *Months,* *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} single

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 186 W Lombard Street

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) Convulsions

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Nov 28. 80

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W Fayette

L. F. Reinhard M.D.
Medical Attendant.

*Address,* 224 West Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 41359

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. B. Allen

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 543 S. Franklin St

*Cause of Death* { First, (Primary,) Second, (Immediate,) } Acute Phthisis

*Duration of last Sickness,* Attended her about 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Nov 29th 1880

W. H. McAllister M. D.
Medical Attendant.

*Undertaker,* Denny & Pritchett

*Place of Business,* 530 W Fayette Address, 582 W. Fayette

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44360

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 27th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Hulse

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 12 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* none

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* { Give street and number } Mulberry near Paca st.

*Cause of Death,* First, (Primary,) Malignant Scarlet Fever

Second, (Immediate,) Uraemia

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* November 29th 80

J. R. Uhler M. D.
Medical Attendant.

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw *Address,* 234 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

Permit No. #44361 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 28 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Pattison

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* Fifty Eight *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~.* {Cross out the word not required in this line.}

*Occupation,* Sugar Refiner

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Dorchester County

*Duration of Residence in the City of Baltimore,* Forty four years

*Place of Death,* {Give street and number.} 230 North Broadway

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Hepatization of the Lungs

*Duration of Last Sickness,* About one week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Nov 30th 1880

*Undertaker,* Jno H. Weaver & Co

*Place of Business,* N 22 W. Fayette

Hilliard St. Snyder M.D.,
Medical Attendant.

*Address,* Broadway & McElderry st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44362 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44362 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie E Carmick

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 6 S Dallas St

*Cause of Death,* First, (Primary.) Peritonitis

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury Cem

*Date of Burial,* Nov 29th 1880

*Undertaker,* Theo Lochs

*Place of Business,* Spring & Jefferson

Geo. L. Kenneman M.D.,
Medical Attendant.

*Address,* 1st Door S Balt St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44363

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT NOV 28 1880 BALTIMORE

*Date of Death,* Nov 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi & Jane Russell (Parents)

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 6 ~~Days~~

*Color,* W

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 23 South Caroline St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Life Time

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 29 1880

*Undertaker,* Thos Locks

*Place of Business,*

I Thos A Steen M.D., Medical Assistant Commissioner of Health & Registrar

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

ex 7 John E Timanus

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14364

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Nolson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* in her 77th *Years,* ~~~ *Months,* ~~~ *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 187 W. Lombard St.

*Cause of Death* First, (Primary,) Interstitial Nephritis or one

Second, (Immediate,) form of Bright's Disease

*Duration of last Sickness,* I attended her four months, sick before

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Burying Ground

*Date of Burial,* Nov 29th 1880

*Undertaker,* Geo. H. Ellis

*Place of Business,* 161 Linden Ave.

Elias Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44365 ~~44365~~ *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Stephan Hosey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Eight (8) *Years,* Nine (9) *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Since birth

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 767 N. Canal Street

*Cause of Death,* First, (Primary.) Membranous Croup

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* Seven (7) Days

All the above information should be furnished by the Physician.

*Place of Burial,* Pt. Lookout Md

*Date of Burial,* Nov. 30 1880

*Undertaker,* Henry Stock

*Place of Business,* 302 N. Central Ave

Fin Gibson M.D.,
Medical Attendant.

*Address,* S.E. Cor Eutaw & Lanvale Streets

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 4c/366

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 27th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Miller

*Sex,* ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

*Age,* 2 *Years,* 5 *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City, Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 242 Canton Avenue,

*Cause of Death* { First, (Primary,) . Second, (Immediate,) Pertussis (Whooping cough)

*Duration of last Sickness,* Five weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Eden St Hebrew Cemetery

*Date of Burial,* Nov. 29th 1880. Nicholas L. Bashiell M. D.
Medical Attendant.

*Undertaker,* Eden

*Place of Business,* 101 Gough St *Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44367

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Shaw

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 3 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 22 Russell st

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Asphyxia

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Nov 29th 1880

*Undertaker,* Wm J. Spicer

*Place of Business,* 65 S. Eutaw st

Wm B Farnandis M. D.
Medical Attendant.

*Address,* 78 South Pacas st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimo

OFFICE OF REGISTRAR OF VITAL STATIS

Permit No. 14368

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Weems

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* Dark

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 86 St Paul St

*Cause of Death* First, (Primary,) Consumption

Second, (Immediate,) ashened

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cathedral

*Date of Burial,* Nov 29 1880

*Undertaker,* John C Jones

*Place of Business,* 1163 Park Ave

F E Shattuck M. D.
Medical Attendant.

*Address,* 114 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Permit No. 47369

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie Woodard.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female -

*Age,* ..... *Years,* 7 *Months,* 2 *Days.*

*Color,* White -

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Life -

*Place of Death,* {Give street and number.} 18 S. Arlington Ave -

*Cause of Death,* First, (Primary.) Dentition - Marasmus

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Life - Days -

All the above information should be furnished by the Physician.

*Place of Burial,* West Arlington

*Date of Burial,* Nov 29

*Undertaker,* H H Cook

*Place of Business,* 703 W Balto

W G Kerr Jr M.D.,
Medical Attendant.

*Address,* 18 S Arlington Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 4/4370

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 27. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Carr

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ 6 weeks ~~Months,~~ Days.

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore MD

*Duration of Residence in the City of Baltimore,* 6 weeks

*Place of Death,* {Give street and number} 549 W. Lombard St

*Cause of Death* {First, (Primary,) Empiricus

{Second, (Immediate,) Spasm

*Duration of last Sickness,* Two (2) Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Nov 29th 1880

*Undertaker,* Jos. B. Cook

*Place of Business,* No 707 W. Baltimore Street

H. L. Spicer M. D.
Medical Attendant.

*Address,* 587 W Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL

*Permit No.* 44371

The Physician who attended any person in a [redacted] illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 29th 2 A.M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Ann Shakespear

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 82 *Years,* *Months,* *Days.*

*Color,* *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number.} No 40 George St

*Cause of Death,* First (Primary,) Senile Vascular Degeneration

Second (Immediate,) Thrombus of right heart & pulmonary artery

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetary

*Date of Burial,* Nov 30th 1880

N. G. Keerl, M. D.
Medical Attendant.

*Undertaker,* Armstrong & Denny

*Place of Business,* Light & Montgomery *Address* No 74 N. Paca St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4372

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NOV 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Crockard

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Fifty Years

*Place of Death,* {Give street and number} 77 N Poppleton St

*Cause of Death,* First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* 12 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 29th 1880

*Undertaker,* E Lewis Schaefer

*Place of Business,* 109 N Forrest

J J Knight M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL S

*Permit No.* 14373

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Hendricks

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* — *Years,* 2 *Months,* 11 *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 9 Little Gough St

*Cause of Death,* {First (Primary,) Catarrh (Suppose.)} {Second (Immediate,)}

*Duration of Last Sickness,* abt 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Nov. 30th 80

*Undertaker,* M. Frances

*Place of Business,* 280 Canton Ave

Chas. M. Wright *M. D.*
Medical Attendant.

*Address,* Corner E & Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimo[illegible]

Permit No. 4374

OFFICE OF REGISTRAR OF VITAL STATI[illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 28th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Albert Struvens

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* *Days.*

*Color,* White.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 74 x 76 Thames St.

*Cause of Death* First, (Primary,)

Second, (Immediate,) Scarlatina Maligna.

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Nov 30th 1880

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St

Nicholas L. Bathell M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 44375

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Area E. Champagne

*Sex,* ~~Male.~~ *or Female,* {cross out the word not required in this line.}

*Age,* 41 (41) *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Washington D. C.

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give street and number} 121 N. Calhoun St

*Cause of Death* First, (Primary,) Phthisis Pulmonary

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Nov 30" 1880

*Undertaker,* Denny and Mitchell

*Place of Business,* 530 W. Fayette St

W. B. Griffith M. D.
Medical Attendant.

*Address,* 216 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44376

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalene Lang

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} —

*Age,* 76 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married, ~~Single,~~ Widow ~~or Widower~~,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 21 years

*Place of Death,* {Give street and number} ~~Old Face~~ 55 Conway st

*Cause of Death,* First, (Primary,) old sore of leg

Second, (Immediate,) Septicaemia

*Duration of last Sickness,* about 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Nov 30. 1880

H. Albers M. D.
Medical Attendant.

*Undertaker,* Phil. J. Dill

*Place of Business,* 183 Columbia Ave *Address,* 95 S. Sharp st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 2425 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

#44377

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 28. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Issac. N. Agard,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,* White,

~~*Married*~~, *Single*, ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Cpt,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Michigan, 11 Months.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Eutaw House,

*Cause of Death,* First, (Primary.) Typhoid Fever,

Second, (Immediate.) Pneumonia,

*Duration of Last Sickness,* 4 Wks,

All the above information should be furnished by the Physician.

*Place of Burial,* Michigan

*Date of Burial,* Nov 30th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 530 W. Fayette St

J. H. Chamberlain M.D.,
Medical Attendant.

*Address* 222 W. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1943 Fennell

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44378

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 29 1930 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 24 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Child of John Smith & Barbinton + Georgiana Barbinton

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 3 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} S

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} N Eutaw St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} N Eutaw St

*Cause of Death,* First (Primary,) Congenital malformation of heart & septum

Second (Immediate,) Asphyxia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Crumpton L.A. Co Md. Wm Conell M. D.

*Date of Burial,* Nov 26th 1880 Medical Attendant.

*Undertaker,* J H Piper for Duncan

*Place of Business,* 12 N. Balto St *Address* 498 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44379 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 28/80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Taylor.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Huckster.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland. 35 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 282 N. Front St.

*Cause of Death,* First, (Primary.) Bronchitis

Second, (Immediate.) Old Age.

*Duration of Last Sickness,* 2 Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Glendy Cemetery

*Date of Burial,* Nov 30 1880

*Undertaker,* James D Byrne

*Place of Business,* No 63 N. Front St

Edward P. McDevitt M.D.,

Medical Attendant.

*Address,* 153 E. Eager St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44380 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patk O Brien

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and number.} 25 Valley St

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Two years

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Nov 30th 1880

*Undertaker,* James S Byrne

*Place of Business,* No 63 N. Front St

Chas O'Donovan M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44306 #44381 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 27th 80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver H. Radcliffe

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 25. *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 26 Patterson Av.

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.) Double Pneumonia

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Michaels-Md. Talbot Co.

*Date of Burial,* Nov. 30th 1880

*Undertaker,* J. W. Shannon

*Place of Business,* 336 Pennsylvania Ave City

Lewis Chs Horn M.D.,
Medical Attendant.

*Address,* 226 Mulberry St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1974

Permit No. 44382 #44382 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Lyons

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* ——— *Months,* ——— *Days.*

*Color,* colored

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland 28 years

*Duration of Residence in the City of Baltimore,* 28 years

*Place of Death,* {Give street and number.} 64 Harford ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Senile decay

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cy

*Date of Burial,* Dec 1st 1880

*Undertaker,* Jas P. Byrne

*Place of Business,* Front St

*M.D.,*

~~Medical Attendant~~

*Address,* Comm'r of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by — J. P. Smith

Permit No. 44383 + 44383 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Carr

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 7 *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 4 Wagon Alley E of

*Cause of Death,* First, (Primary.) Mal Nutrition

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* all is Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem'y

*Date of Burial,* Nov 29th 1880

*Undertaker,* Sam'l W. Chase

*Place of Business,* S. Howard St.

~~Medical Attendant.~~ Comm of Statistics & Registration

*Address,*

M.D.,

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Geo E. Bowen

Permit No. 44384 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 26th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizebeth Pratt

*Sex,* ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

*Age,* 27 *Years,* *Months,* *Days.*

*Color,* Black

*Married,* ~~*Single, Widow or Widower.*~~ { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } Nov 23. Mullikin Pl

*Cause of Death,* First, (Primary.) Tubercular Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Levnel Cemetery

*Date of Burial,* Nov 29 1880

*Undertaker,* William N Dorgan

*Place of Business,* No 62 East 8th

Wm. E. Purnell M.D.,
Medical Attendant.

*Address,* Broadway & Aisquith

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosina Frech

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.} Female

*Age,* 61 *Years,* 3 *Months,* 26 *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and number} No 222 Columbia Ave

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Decm[illegible] 1, 1880

*Undertaker,* P. F. Dill

*Place of Business,* 183 Columbia ave *Address,* 166 S. Paca st.

D. L. Buddenbohn M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/1386

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 28. 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry V. [illegible]

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } V

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 2 [illegible] 16 days

*Place of Death,* { Give street and number } St Vincents Infant Asylum

*Cause of Death* First, (Primary,) Advanced Marasmus

Second, (Immediate,) Spasms

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Nov 30. 1880

*Undertaker,* [illegible] Brannigan

*Place of Business,* 156 Division St.

Mathews Prevel *M. D.*
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44387

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 29 November 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Berry

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* ..... *Months,* 7 [illegible] *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Queen Anne's County Md

*Duration of Residence in the City of Baltimore,* 2 [illegible]

*Place of Death,* {Give street and number} [illegible]

*Cause of Death* { First, (Primary,) [illegible] Second, (Immediate,) [illegible]

*Duration of last Sickness,* [illegible]

All the above information should be furnished by the Physician.

*Place of Burial,* [illegible]

*Date of Burial,* [illegible]

*Undertaker,* [illegible]

*Place of Business,* [illegible]

[illegible] M. D.
Medical Attendant.

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4388

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winifred Joyce

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* 4 9 *Years,* — *Months,* — *Days*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Ireland

*Duration of Residence in the City of Baltimore,* Abt 32 Yrs

*Place of Death,* {Give street and number.} 84 Gainsby St

*Cause of Death,* {First (Primary,) 2 Heart Disease

Second (Immediate,) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pcb Cemetery

*Date of Burial,* Nov 29th 1880

*Undertaker,* Patrick Mullen

*Place of Business,*

Chas. Wm. Monk M.D.
Coroner E.P.
Medical Attendant.

*Address,* 62 Bacon St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44289

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cook

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* One *Years,* 11 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} ~~N~~ 94 Block Str.

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) Diphtheria

*Duration of last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Set Petrus Cemetery

*Date of Burial,* Nov 30th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave.

L C Winternitz M. D.
Medical Attendant.

*Address,* 12 S. Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**Permit No.** 14390

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Gibson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Housewife

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 415 N Central Avenue

*Cause of Death,* First (Primary,) ~~Accidental~~ Diabetes Mellitus

Second (Immediate,) Anesthesia

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Dec 1st 1880

*Undertaker,* Hollyfenkins & Son

*Place of Business,* 16 Light St

Wm H Hoffendollar M. D.
Medical Attendant.

*Address* 1 E High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44371 & 44391 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cihak

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* One (1) *Years,* Three (3) *Months,* Seventeen (17) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 305 N. Durham

*Cause of Death,* First, (Primary.) Membranous Croup

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* Five (5) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Alphonsus Cemetery

*Date of Burial,* 30 November

*Undertaker,* Adam Fink

*Place of Business,* 461 N. Gay St.

J. A. Sloan *M.D.,*
Medical Attendant.

*Address,* [illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 42392 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV 30 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Nov 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst Hoeppner

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 34 *Years,* 10 *Months,* 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Grocer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 15 y Ever.

*Place of Death,* {Give street and number.} 116 Stirling st

*Cause of Death,* First, (Primary.) Phthisis pulmonalis

Second, (Immediate.) Exanthrin Et Marasmus

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* Dec 1st/80

*Undertaker,* Geo. Schilling

*Place of Business,* 45 Holland Square

Jno Shaw M.D.,
Medical Attendant.

*Address,* [illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. #44393 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 30 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 29/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth B. Hoffman

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* one *Months,* eight *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* During life time

*Place of Death,* {Give street and number.} 215 S. Bond St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Puerperal fever

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Evangelical Cem.

*Date of Burial,* Dec. 1st 1880

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton ave

R. W. Mansfield *M.D.,*
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14394

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 29 Th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas McLaughlin

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} # 145 S. Durham St.

*Cause of Death,* First, (Primary.) Internal Convulsions.

Second, (Immediate,)

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Methodist Cemetery

*Date of Burial,* Nov. 30th 1880

John H. Robertson M. D.
Medical Attendant.

*Undertaker,* John C. Schaub

*Place of Business,* 201 Aliceanna St.

*Address,* # 243 Aliceanna St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 29, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Eugene Ogle

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 15 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt-

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 417 Lexington St.

*Cause of Death,* First, (Primary,) Cerebro Spinal Meningitis

Second, (Immediate,)

*Duration of last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 1

*Undertaker,* J B Cook

*Place of Business,* 907 West Pratt

J. W. C. Cuddy M. D.
Medical Attendant.

*Address,* 263 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44396 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

H 44396 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV. 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Ditrich

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 2 *Days.*

*Color,* Wh

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 49 S. Sharp's Alley

*Cause of Death,* First, (Primary.) Hydrocephalus

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Nov 30th 1880

*Undertaker,* A. Kuhler

*Place of Business,* 244 E Lombard *Address,* 241 E. Lombard

J Hamilton M.D.,
~~Medical Attendant.~~

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Saturday Nov 27. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Labar

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* —— *Months,* —— *Days.*

*Color,* colored

*Married,* ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} N.E. cor Camden & Howard

*Cause of Death,* First (Primary,) Diabetes Mellitus

Second (Immediate,)

*Duration of Last Sickness,* Six Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov. 30th 1880

*Undertaker,* Wm H. Hickman

*Place of Business,* 234 S Gay St

H Nelson M. D.
Medical Attendant.

*Address* Lombard & Fremont

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44398

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV. 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Keen

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 22 *Years,* 8 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Shoe Fitter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during Life

*Place of Death,* {Give street and number} N 116 Mott Alley

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Bonna Brea Cem

*Date of Burial,* Dec 1st 1880

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St

Applegate M. D.
Medical Attendant.

*Address,* 137 N Eutaw St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4399

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov: 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizth Winder

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 81 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Eastern Shore

*Duration of Residence in the City of Baltimore,* Fifteen years

*Place of Death,* {Give street and number} 180 E. Pratt St

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.) "

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Jacobs Ch Eastern Shore Md

*Date of Burial,* Dec 1st 80

*Undertaker,* H H Jenkins Son

*Place of Business,* 16 Light St.

F Donaldson M. D.
Medical Attendant.

*Address,* 108 Park Ave Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1976 Transcript

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14488

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. NOV 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov. 29th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hoy

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 2 *Years,* *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city, Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} # 310 S. Dallas St

*Cause of Death,* First, (Primary,) Paralysis following

Second, (Immediate,) Diphtheritic croup.

*Duration of last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Matthai Cemetery

*Date of Burial,* 30th of Nov. 1880

*Undertaker,* Wm. A. Nicolaus

*Place of Business,* 258 Alice Anna st.

John H. Rehberger M. D.
Medical Attendant.

*Address,* # 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44401

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 30. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dodson

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 18 *Days.*

*Colored*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 22 Bolton alley

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 22 Bolton alley

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) "

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec. 30 1880

*Undertaker,* [illegible]

*Place of Business,* [illegible]

B B Browne M. D.
Medical Attendant.

*Address,* 307 Madison Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Permit No. 44402 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

44402 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT NOV. 30 1880 BALTIMORE

*Date of Death,* Nov 29th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Bridgman

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } St Josephs Hospital

*Cause of Death,* First, (Primary.) Tubercalosis

Second, (Immediate.) Dyspnea

*Duration of Last Sickness,* 18 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home

*Date of Burial,* Dec 1st 3 Oclock

*Undertaker,* H.O. Jenkins & Son

*Place of Business,* 16 Light St

Mary J. Corkin M.D.,
Medical Attendant.

*Address,* 1511 Calvert St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44403

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT NOV 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 1880 Oct 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa F Lantz

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 11 *Years,* 2 *Months,* 3 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* 11 years 2 mo 3 days

*Place of Death,* {Give street and number.} 1st Monument St Balto Md

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,) Diphtheria

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem Balto

*Date of Burial,* Dec 1st 1880

M. D.
Medical Attendant.

*Undertaker,* Thos L Hughes *Address* 763 N Paca St

*Place of Business,* 111 E Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44404

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Fisher Hedinger

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 20 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Printer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Entire life time.

*Place of Death,* {Give street and number} 34 ℓ Eutaw Pl

*Cause of Death* { First, (Primary,) Typhoid Fever
Second, (Immediate,) .....

*Duration of last Sickness,* about three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 2nd 1880

D H Cathell M. D.
Medical Attendant,

*Undertaker,* Thos S Hughes

*Place of Business,* 419 E Baltimore St *Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK S'A

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44605

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 26th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Webster

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 2 y *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* { Give street and number } 72 Aisquith Street

*Cause of Death,* First, (Primary,) Bronchitis 4 days Natural

Second, (Immediate,) Remittent Fever 6 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Summerdale Cem Bal

*Date of Burial,* December 1st 1880

J. E. Wiley M. D.
Medical Attendant.

*Undertaker,* Denny & Whitehill

*Place of Business,* 65 S Broadway Address, 65 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1977 Tanner

# Board of Health, City of Baltimore,

**Permit No.** 4/4406

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* November 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abram Taylor

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* Black

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* {First, (Primary,) Cystitis Prostatitis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 1

*Undertaker,* Hercules Ross

*Place of Business,* 15 Conway St

West *M. D.*

Medical Attendant,

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Felix Russell

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 8 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Shoe Cutter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 218 Montgomery St

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Nov 31st

*Undertaker,* C. F. Krause

*Place of Business,*

I. C. Burch M. D.
Medical Attendant.

*Address,* 151 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44498 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 28th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Smith

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 7 *Months,* 7 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 7 Brown alley

*Cause of Death,* { First, (Primary.) } { Second, (Immediate.) } Marasmus

*Duration of Last Sickness,* Life time

All the above information should be furnished by the Physician.

*Place of Burial,* Lamb Cemetery

*Date of Burial,* Nov 30th 1880

*Undertaker,* Wm H Bishop Jr

*Place of Business,* 97 Druid Hill Av

James A Steuart M.D.,
~~Medical Attendant.~~

*Address,* Commissioners Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Sec. E. Browne

Permit No. 44709

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. NOV. 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bennett & Mary Howard

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* 5 *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 22 Eutaw Court

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 22 Eutaw Court

*Cause of Death,* First, (Primary.) ———

Second, (Immediate.) Spasms

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Nov 30th 1880

*Undertaker,* W H Bishop

*Place of Business,* Druid Hill a

Wm A Cline M.D.,

~~Medical Attendant.~~ Comm of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Hygiene Supt

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4414 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* November 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Heinrich Schlingman

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Black Smith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Prussian, Germany

*Duration of Residence in the City of Baltimore,* Sixteen Years

*Place of Death,* {Give street and number} Corner Canton and Collington avenues.

*Cause of Death* { First, (Primary,) } { Second, (Immediate,) } Dropsy

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Evangelic Cem.

*Date of Burial,* Dec 1 1880

{ *Undertaker,* Henry Sander

{ *Place of Business,* 232 Canton Ave

Nicholas L. Bashield M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2: And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44411

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Bowers

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* *Days.*

*Color,* W

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number} Aged Women's Home

*Cause of Death* First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 1st 2 o'clock

*Undertaker,* Hall & Jenkins & Son

*Place of Business,* 16 Light St

Geo Kapsta M. D.
Medical Attendant.

*Address,* Waverley Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4/12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV. 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 30. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Yeatts

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 61 *Years,* 8 *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Adams Co. Pa.

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give street and number} 506 Penna. Ave

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) " "

*Duration of last Sickness,* Three Years.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* Dec 2nd 1880

*Undertaker,* Wm. Ehrmann

*Place of Business,* 336 Penna ave City

J. H. Christian M. D.
Medical Attendant.

*Address,* 431 Penna. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4454 13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Hyson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Moulder

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* { First, (Primary.) Burns of face
Second, (Immediate,)

*Duration of last Sickness,* 6 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Bait Cemetery

*Date of Burial,* Nov 2 80

*Undertaker,* Ensley & Dorsey

*Place of Business,* No 263 Lexington

H West M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44414 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT STREET BALTIMORE DEC 1 1880

# CERTIFICATE OF DEATH.

*Date of Death,* November 30. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levert S. Salatee.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* *Years,* 1 *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Septime

*Place of Death,* {Give street and number.} 35 E. Baltimore St.

*Cause of Death,* First, (Primary.) Atelectasis Pulmonum.

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery Bel Air Road

*Date of Burial,* Dec 1st 1880

*Undertaker,* James P Byrne

*Place of Business,* No 63 N Front St

I. W. Hook M.D.,
Medical Attendant.

*Address,* 35 E. Balt. St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 29

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J. Thompson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 27 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Every Life

*Place of Death,* {Give street and number} 231 N Eden st

*Cause of Death,* First, (Primary.) Rheumatism of Heart

Second, (Immediate.) 4 Weeks

*Duration of last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Clare Cem.

*Date of Burial,* Dec 1st 1880

O S Mahon *M. D.*
Medical Attendant.

*Undertaker,* Wm H Hickman

*Place of Business,* 234 W Gay St. *Address,* 136 N Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44416

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* November 29th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Hess

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 4 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 162 Hamburg St

*Cause of Death,* First, (Primary,) Pneumonia (double)

Second, (Immediate,) Asphyxia

*Duration of last Sickness,* 5 Days

All the above Information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* December 1st 1880.

*Undertaker,* B. Harle

*Place of Business,* 82 West Street

A. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Read St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44417 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEC 1 1890 HEALTH DEPARTMENT BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 1st 90

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Keller

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 2 *Days.*

*Color,* W.

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 1 Mo 2

*Place of Death,* {Give street and number.} 174 Johnson Av

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsion

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* December 1st

*Undertaker,* B. Karle

*Place of Business,* 82 West Street

H H Eves *M.D.,*
Medical Attendant.

*Address,* 313 Eighth

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44418 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of ~~Death~~,* Nov 29th 1880

*~~Full~~ Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Jones Sr

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 79 *Years,* —— *Months,* —— *Days.*

*Color,* white

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Calvert Co Md

*Duration of Residence in the City of Baltimore,* 6ct years

*Place of Death,* {Give street and number.} 290 E. Chase St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) senile decay

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Cemetery

*Date of Burial,* Dec 1st 1880

*Undertaker,* Danny & Will Mitchell *M.D.,* ~~Medical Attendant~~ Comm of Health

*Place of Business,* W. Fayette St *Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44469

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

THE PEABODY DEPARTMENT DEC 17 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 30/80 (Reeder)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene B. Rudn

*Sex, Male or Female,* {cross out the word not required in this line.}

~~*Years,*~~ *Age,* 16 *Months,* 2 weeks *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 16 mos. 2 weeks.

*Place of Death,* {Give street and number} 226 South St.

*Cause of Death* {First, (Primary,) Pneumonia Croup.
Second, (Immediate,)

*Duration of last Sickness,* 1½ days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Dec 2nd 1880

*Undertaker,* John Thacher

*Place of Business,* Paca & Lombard sts

H. L. Shein M. D.
Medical Attendant.

*Address,* 387 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44420 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas E. Stern

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Conductor of Freight Train B & O. R.R.

*Birthplace,* {State or Country and how long in the United States, if foreign birth.} Martinsburg West Virginia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Locust Point Branch of B & O. R.R.

*Cause of Death,* First, (Primary.) Accidently falling from the top of a Car & being run over by the train.
Second, (Immediate.)

*Duration of Last Sickness,* Immediate.

All the above information should be furnished by the Physician.

*Place of Burial,* Martinsburg W. Va.

*Date of Burial,* Nov 30th 1880

*Undertaker,* John S Marcher

*Place of Business,* Pacas Conduit

Dr. J. Beec M.D.,
~~Medical Attendant.~~
Coroner 2d Dist

*Address,* 161 E. Pratt St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1975 Transit

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4421

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED DEC 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, November 29th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilfred P. Dwyer

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male—

Age, 30 Years, 1 Months, ..... Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Baggage Master B.T.O.R.R. Co

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto—

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 97 N. Eutaw St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) about two Months confined

Duration of last Sickness, Same—

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, December 2d 1880

James N. Fackler M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Address, .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44422

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1922 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 30. 1922

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Oswald

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Eighteen *Years,* Six *Months,* ____ *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ____

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number} 492 E. Chase St.

*Cause of Death,* First, (Primary.) Pneumonia Lobularis

Second, (Immediate,) Acidosis

*Duration of last Sickness,* About Nine Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 31st

*Undertaker,* Chas Schilling

*Place of Business,* 1st and Eden Sts.

John V. Cowan M. D.
Medical Attendant.

*Address,* 218 N. Eden St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

***Permit No.*** 44423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 29th Nov 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharina Einwaechter.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Seventy *Years,* eight *Months,* eight *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Langen Steinbach Germany.

*Duration of Residence in the City of Baltimore,* Fifty-one years

*Place of Death,* {Give street and number.} No. 116 Columbia Ave.

*Cause of Death,* First (Primary,) Phthisis Mucosa vel pituitosa

Second (Immediate,) General debility

*Duration of Last Sickness,* Had Medical attendance about two years, but the disease existed many years previously.

All the above information should be furnished by the Physician.

*Place of Burial,* Germn Lutheran Druid Hill

*Date of Burial,* Dec 2nd 1880

Charles A Geiger. M. D.

Medical Attendant.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore Str. Address No. 165 Argyle Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 5454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 12/1/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Adam Slagle

~~Sex,~~ *Male* ~~*or Female,*~~ {cross out the word not required in this line.}

*Age,* —— *Years,* 1 —— *Months,* —— *Days.*

*Color,* White

*Married,* *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 4 Mos

*Place of Death,* {Give street and number} 20 Rock

*Cause of Death* First, (Primary.) Debility — (7 mo old)

Second, (Immediate,)

*Duration of last Sickness,* 4 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec. 2nd 1880

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St. *Address,* 319 Lee

R. M. Gaitmer M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Fred W. Rossel November 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred W. Rossel

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 47 *Years,* 2 *Months,* 16 *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Police officer

*Birthplace,* {State or country, (and how long in the United States. If of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 379 N. Central Av.

*Cause of Death* {First, (Primary,) Tuberculosis Pulmonum

Second, (Immediate,) Apnoea

*Duration of last Sickness,* 3 month

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cl

*Date of Burial,* Dec 2d 1880

*Undertaker,* Henry Hack

*Place of Business,* 369 N. Central Av *Address,* 87 Wayette St

A Schwanke M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44426 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Goebel

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 22 *Years,* 10 *Months,* 29 *Days.*

*Color,* white

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} N 426 W Lombard St

*Cause of Death,* First, (Primary.) Mitral Insufficiency. (Visitors record)

Second, (Immediate.) Hydrops &c.

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Dec 3

Henry Baker M.D.,
Medical Attendant.

*Undertaker,* J B Cook

*Place of Business,* 707 W Pratt *Address,* 163 W Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 11. 30. 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Lee Watts

*~~Sex, Male or Female,~~* {cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*~~Occupation,~~*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 13 mos

*Place of Death,* {Give street and number} 544 Hanover St

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Dec 2nd 1880

*Undertaker,* Dorsett

*Place of Business,* 707 W. Baltimore St

H. M. Eastman *M. D.*

Medical Attendant.

*Address,* 347 Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

Date of Death, November 30 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gideon Macumber

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 Years, 10 Months, 17 Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Mason

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Richmond, Maine.

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give street and number.} N 328 N. Fremont

Cause of Death, {First (Primary.) Cardiac tumor / Second (Immediate,) Dropsy

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Dec 2nd 1880

{Undertaker, Jos. H. Cook / Place of Business, 1707 N. Baltimore Street}

Samuel Smucker M. D.
Medical Attendant.

Address 14 N. Paca St Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4/29

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December - 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Carson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 16 years

*Place of Death,* {Give street and number} No - 40 Hull St -

*Cause of Death* { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,)

*Duration of last Sickness,* 5 months -

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* 2nd Dec -

*Undertaker,* M. Clark Son

*Place of Business,* 64. E. Balto *Address,* 237. Gough St

A. T. Clark M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44430

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* November 30 th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennett. D. Kalthoff

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. } Male

*Age,* ~~Years~~, 1 Months, 22 Days.

*Color,* White

*~~Married, Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*~~Occupation~~,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } No 9 Essex st

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem. City.

*Date of Burial,* 2nd of Dec.

*Undertaker,* Fred Gaede

*Place of Business,* 2nd Lane Line

Thomas J. Evans M. D.
Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44431 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44431 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj' L Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 7 *Months,* 7 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} No 7 E Fayette St

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Diphtheria

*Duration of Last Sickness,* One week

All the above Information should be furnished by the Physician.

*Place of Burial,* Met Olivet

*Date of Burial,* December 2nd "

*Undertaker,* Wm J. Treise

*Place of Business,* 65 E. Eutaw

Jno L Hall M.D.,
Medical Attendant.

*Address,* 168 W Pacca St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

*Permit No.* 44432

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 11 2 1880 BALTIMORE

*Date of Death,* Nov. 29th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Gilbert

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Twenty *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Single

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* House girl

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* about seven years

*Place of Death,* {Give street and number.} 109 Vine St.

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* About three months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec. 1st 1880

*Undertaker,* Wm. H. Keating Jr.

*Place of Business,* 57 Exchange Place *Address* 41 Orchard St.

W. H. Thompson M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14433

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Adam Harms

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 32 *Years,* 6 *Months,* *Days.*

*Color,* white

*Married, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Cigar-maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 208 Chase Street

*Cause of Death,* First, (Primary,) Epilepsy

Second, (Immediate,) (Fell in fit) Intemperance

*Duration of last Sickness,* 16 hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Center

*Date of Burial,* Dec 2, 1880

Edmund Rowake M. D.
Medical Attendant.

*Undertaker,* Henry Heath

*Place of Business,* 309 Central Ave *Address,* Corner Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* ..... 1884.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} .....

*Sex, Male or Female,* {cross out the word not required in this line.} .....

*Age,* 3 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} South Carolina

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 10 E. Fayette

*Cause of Death* {First, (Primary,) .....
Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Dec 3rd

*Undertaker,* H. Frechtlich

*Place of Business,* 244 Eastern Av

..... *M. D.*
Medical Attendant.

*Address,* .....

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44435

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decbr. 1st 1880. 6. A M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredc Wm Michelman

*Sex, Male or Female,* {cross out the word not required in this line.} Male —

*Age,* 1 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md —

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} 423. Alisa ann St.

*Cause of Death* First, (Primary,) croup negleted

Second, (Immediate,) Chronic croup

*Duration of last Sickness,* about 48 hours —

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem.

*Date of Burial,* Dec 2nd

*Undertaker,* H. Fockler

*Place of Business,* 254 Eastern Ave

G. A. Dohme M. D.
Medical Attendant.

*Address,* 80 E Fayette Str.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 14436 #14436 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 1. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Francis.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 34 August St.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* December 4th 1880

*Undertaker,* Thos. D Hughes

*Place of Business,* 604 Bullo St

D. W. Hack M.D.,
Medical Attendant.

*Address,* 75 E. Baer St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44437 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

*Date of Death,* November 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Kane

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 64 *Years,* 8 *Months,* *Days.*

*Color,* White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland -

*Duration of Residence in the City of Baltimore,* about 30 yrs -

*Place of Death,* {Give street and number.} # 7 Health St

*Cause of Death,* First, (Primary.) Fell while hanging Clothes in her yard - & received an incised wound over the right occipital Second, (Immediate.) Side of her head, Causing the Artery Causing a Severe Hemorrhage - from which She died in about

*Duration of Last Sickness,* Ten hours after - During the Failing to get

All the above Information should be furnished by the Physician. A Physician or proper Surgical Attendance, in time.

*Place of Burial,* Pitcher, Comty

*Date of Burial,* Decemb 2

*Undertaker,* B. Mark

*Place of Business,* 82 West St

Dr. Beec M.D.,

~~Medical Attendant.~~ Coroner 2d Dist

*Address,* 161 E Eleanor St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44438

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lowry Batzloe

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* four *Months,* five *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* {Give street and number} W. 57 Madeira Av

*Cause of Death,* First, (Primary,) Glenuigrits & Syphilitica

Second, (Immediate,) Cong Syphilis

*Duration of last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Ft McHenrys Cem

*Date of Burial,* December 2nd 1880

*Undertaker,* H. M. Gibbons

*Place of Business,* No 341 Eastern av

L. A. Muhlenbruch M. D.
Medical Attendant.

*Address,* 112 S. Eden St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KELLY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14439

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriett W Owens

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 17 Years

*Place of Death,* {Give street and number} 142 William St

*Cause of Death* First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

*Duration of last Sickness,* 1 Year

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 2/80

J H Causey *M. D.*
Medical Attendant.

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St *Address,* 76 Saca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

Permit No. 46464

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decemb: 2

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Conrad & Isabella Roemer

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~ *Years,* ~ *Months,* 36 Many Days.

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Pel air & boundary Av.

*Cause of Death* First, (Primary,) Premature Birth (30 months)

Second, (Immediate,) Vital Debility

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 2d Decemb

{*Undertaker,* Adam Fink

{*Place of Business,* 461 W. Pay St

Rdurawetz M. D.
Medical Attendant.

*Address,* 137 Wayne

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44441

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec. 1. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith A. Ringard

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* — *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} # 126 Eleventh St.

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Congestion of Brain

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Dec 3 1880 11 Am

*Undertaker,* A.O.K Bandell

*Place of Business,* 624 Chas St *Address,* #305 N Caroline St

Geo. A. Waltman M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44442.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec'r 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry L. Manning

*Sex, Male ~~or Female~~;* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto.

*Duration of Residence in the City of Baltimore,* 29 yrs.

*Place of Death,* {Give street and number.} No. 137 St. Paul St.

*Cause of Death,* {First (Primary,) Typhoid Fever} {Second (Immediate,) Intestinal Hemorrhage}

*Duration of Last Sickness,* Abt 2 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Dec. 3rd 1880

*Undertaker,* H.W. Dutkiewicz & Son

*Place of Business,* 16 Light St.

Wm. S. Lockwood M. D.
Medical Attendant.

*Address* Park & Madison Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44443. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 1 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dietrich Bitter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Lithographer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bremen, Germany

*Duration of Residence in the City of Baltimore,* 24 years

*Place of Death,* {Give street and number.} 38 N Fayette

*Cause of Death,* First, (Primary.) Emphysema

Second, (Immediate.) "

*Duration of Last Sickness,* Two months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Dec 3rd 1880

*Undertaker,* Benny & Mitchell

*Place of Business,* 550 W Fayette St

Thos O'Sullivan M.D.,
Medical Attendant.

*Address,* 581 Lee

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**Permit No.** 4444

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. DEC 2 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 1 1889

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Lizzie Germetten

*Sex, Male or Female,* { Cross out the word not required in this line. } .....

*Age,* 4 *Years,* 1 *Months,* ..... *Days.*

*Color,* w *Sex,* f

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } .....

*Occupation,* .....

*Birthplace,* { State or country (and how long in the United States, if of foreign birth. } .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number. } 498 Penna Ave

*Cause of Death,* { First (Primary,) Burnt to death (accidentally

{ Second (Immediate,) .....

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus

*Date of Burial,* December 3

*Undertaker,* Walter Immel

*Place of Business,* 252 W. Balto *Address* .....

J. C. Stone M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44445

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, to the Coroner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Smith

*Sex, Male ~~or Female~~,* { Cross out the word not required in this line. }

*Age,* 10 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 12 Lemmon St.

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) "

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Deer Park Chapel Carrol Co. m.d.

*Date of Burial,* Dec. 3d, 1880.

W. G. Riguelle M.D.,

Medical Attendant.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 578 W. Baltimore St. *Address,* W. Co. Fayette & Eutaw Sts.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1978 Bennett

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie Kuntz

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Entire life time

*Place of Death,* {Give street and number} 35 E Lombard

*Cause of Death* First, (Primary,) Dentitinia Malegina

Second, (Immediate,)

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* December 3rd 1880

*Undertaker,* Rand H. Bartlett

*Place of Business,* 62½ W. Balt St

D N Cathell *M. D.*
Medical Attendant.

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

Permit No. 14647

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 1st 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Y Walters

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 7 *Years,* 9 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 120 Barney st

*Cause of Death,* {First (Primary,) Diphtheria

Second (Immediate,)

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* Dec 2d 1880

*Undertaker,* John Thrasher

*Place of Business,* Pace & London

J G Woodall M.D.
Medical Attendant.

*Address,* 206 N Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 2. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie V. Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 16 *Years,* 3 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} * 137 N. Eden St.

*Cause of Death,* First, (Primary.) Puerperal peritonitis (from miscarriage)

Second, (Immediate.) Exhaustion.

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 3rd/80

*Undertaker,* Geo. Schilling

*Place of Business,* Holland Square

Geo. L. Nattman M.D.,
Medical Attendant.

*Address,* *305 N. Caroline St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 44449

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~December~~ December 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fisher

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 57 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 36 Years

*Place of Death,* {Give street and number} 42 Lexington St

*Cause of Death,* {First, (Primary,) .....

Second, (Immediate,) Heart disease

*Duration of last Sickness,* Dec 1 suddenly

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Bonnett~~ Cemetery

*Date of Burial,* December 4/80

*Undertaker,* Rau & Bartell

*Place of Business,* 62½ W. Balt St *Address,* 582 W Baltimore

Wm. C. Smith *M. D.*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44450 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

44450 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* 4 December 1880

*Full Name of Deceased,* {Write logibly and spell correctly. If an Infant not named, give names of parents.} Henry Holland

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* — *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt "

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 215 Hanover st

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Diphtheritic Croup

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* ~~Dec~~ Dec 3d

*Undertaker,* Henry Boile

*Place of Business,* Hanover st 81

By Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44457

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 1st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie I. Sullivan

*Sex, Male* ~~or Female~~ {Cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* Seven *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 27 days

*Place of Death,* {Give street and number} 16 Hewet st

*Cause of Death* {First, (Primary,) Cyanosis
Second, (Immediate,) Asthenia

*Duration of last Sickness,* 27 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Dec 2d

*Undertaker,* Wm. E. Chenworth

*Place of Business,* 336 Pennsylvania Av

John Dickson M. D.
Medical Attendant.

*Address,* 261 Madison Avenue

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44452

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 1st /80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mahalah Johnson

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* about 65 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Cook

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Kent County, Eastern Md,

*Duration of Residence in the City of Baltimore,* about 10 or 15 years

*Place of Death,* { Give street and number } 37 Oxford Street

*Cause of Death* { First, (Primary,) Heart Disease / Second, (Immediate,) Syncope

*Duration of last Sickness,* about six months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 3rd 1880

*Undertaker,* John C Jordan

*Place of Business,* 63 Park Ave

A. J. Dulin M. D.
Medical Attendant.

*Address,* 836 Eastern Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 1st, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Campbell.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 58 *Years,* ____ *Months,* ____ *Days.*

*Color,* African or Colored race.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hagerstown, Md.

*Duration of Residence in the City of Baltimore,* 35 years.

*Place of Death,* {Give street and number} 74 Chesnut alley

*Cause of Death,* First, (Primary.) Rheumatism.

Second, (Immediate,) Dropsy from cardiac disease.

*Duration of last Sickness,* Six months.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 1880

*Undertaker,* John C Boyle

*Place of Business,* 108 Park

Louis W. Knight M. D.
Medical Attendant.

*Address,* 172 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M, J. C. BUTLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Ida, May Hulse

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 3 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* none

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* { Give street and number } 205 Mulberry St

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,) Pneumonia & Anaemia

*Duration of last Sickness,* about 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* December 2nd

*Undertaker,* Wm J. Tiekner

*Place of Business,* 65 E. Eutaw

J. R. Ehler M. D.
Medical Attendant.

*Address,* 234 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44453

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 1st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard A. Means.

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number} 29 Pine St.

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Typhoid Fever

*Duration of last Sickness,* 14 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* 10 o'clock Saturday

Geo. G. Wiltheis, *M. D.*
Medical Attendant.

*Undertaker,* A. M. Means

*Place of Business,* N. Gay St.

*Address,* Fayette & Frederick

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4/4/756 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 2nd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pete Lunn

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 70 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Driver

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 24 yrs.

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Myelitis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Dec 3rd 1880

J H Branham M.D.,
Medical Attendant.

*Undertaker,* Stewart & Mowen

*Place of Business,* 35 Park ave

*Address,* City Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Hoffman

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* 2 *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Non

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimor City

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number} 421 Allisanna St

*Cause of Death* First, (Primary,) Diphtheria

Second, (Immediate,) Diphtheria

*Duration of last Sickness,* 13 day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivit Cemetery

*Date of Burial,* December 3rd 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway

J. E. Prichard M. D.
Medical Attendant,

*Address,* 28 O Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44438

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE

*Date of Death,* Nov. 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel A. Daniel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* 1 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 126 N. Dallas St

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Dec 3 1880

*Undertaker,* Charles A White

*Place of Business,* 55 Granby St

I. D. Grey *M.D.,*

Medical Attendant.

*Address,* 137 Orleans St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4/59

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Thursday December 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Joshua Richardson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 33 *Years,* ... *Months,* ... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ...

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md.

*Duration of Residence in the City of Baltimore,* 15 Years Exp.

*Place of Death,* {Give street and number} S.W. cor of Forrest Place & ~~Frait~~ St

*Cause of Death* { First, (Primary,) Rheumatism
Second, (Immediate,) Rheumatic Meningitis

*Duration of last Sickness,* Three Weeks,

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 5th, 80

*Undertaker,* Thos S Murphy

*Place of Business,* 60 E Baltimore *Address,* 25½ Monument Ave

Wilmer A Barnes M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44460 #44460 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

*Date of Death,* December 2. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion B. Leonard

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* 11 *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Camden, N. J.

*Duration of Residence in the City of Baltimore,* 5 Years & 11 months

*Place of Death,* {Give street and number.} 304 E. Lombard

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis - Coxa

Second, (Immediate.) Pulmonary Collapse - Pleurisy

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Bulls Am

*Date of Burial,* DEC 4 1880

*Undertaker,* Henry Mitchell

*Place of Business,* 65 S. Broadway

G. L. Wilkins M.D.,
Medical Attendant.

*Address,* 714 E. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44461 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 2d 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Hollander Jr.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *11 Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 57 S. Eden St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 12 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Hebrew Cong. Cemetery

*Date of Burial,* Dec. 3rd

*Undertaker,* Chas. Hollander Sons

*Place of Business,* 22 W. Pratt St.

R. J. H. Tate, *M.D.,*
Medical Attendant.

*Address,* 15 S. S. Charles St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 144462 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 1. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. C. Watson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* — *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 4 Years

*Place of Death,* {Give street and number.} 100 Randall St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia (Typhoid)

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Somerseth Co Md

*Date of Burial,* Dec 4th 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* 263 Light St

Theodore Lytle M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1979 - transit

Permit No. 44463 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Decemba 2nd 80 (Schwartz & Co)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel George Schwartz

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 4 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 80 Pine

*Cause of Death,* First, (Primary.) Scarlatina Malig.

Second, (Immediate.)

*Duration of Last Sickness,* 7 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemy

*Date of Burial,* Dec 3 1880

*Undertaker,* F Kumert

*Place of Business,* Mulber st

Louis E Horn *M.D.,*
Medical Attendant.

*Address,* 226 Mulberry St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4424 64 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Arnold

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* 23 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Lifetime

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 121 Parkin

*Cause of Death,* First, (Primary.) Natural

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* Dec 4 1880

*Undertaker,* Jos B. Cook

*Place of Business,* 1767 N. Baltimore Ave

J. K Wiley *M.D.,*
Medical Attendant.

*Address,* 158 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1900 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 2d December 1900

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Dyer

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 55 *Years,* ____ *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Oyster Shucker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Queen Anne Co. Md.

*Duration of Residence in the City of Baltimore,* Continuous 43 years

*Place of Death,* {Give street and number} 310 S. Howard St.

*Cause of Death,* First, (Primary,) Exhaustion et Ebriety

Second, (Immediate,) Dysentery Typhoid

*Duration of last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 3rd 1900

L. D. Dyer M. D.
Medical Attendant.

*Undertaker,* Chas H. Perkins Jr & Co

*Place of Business,* 130 Roseville St

*Address,* 1446 Hill St.

L. D. DYER M. D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 144466

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEPARTMENT DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertie Albert

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 2 Months, 1 Days.

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balti- City

*Duration of Residence in the City of Baltimore,* " "

*Place of Death,* {Give street and number.} Roots Court - near Cross & West-Sts

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pablic-Cemet

*Date of Burial,* De 3 80

*Undertaker,* L. A. Kerchner

*Place of Business,* S. Carroll Ave

Had no Physician in attending

Dr. Bee, M.D.,

Medical Attendant.

Coroner's Dep't

*Address,* 161 & 163 Hanover St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44467

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 1/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henderson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 10 *Months,* ——— *Days.*

*Color,* Bright Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Washington D C.

*Duration of Residence in the City of Baltimore,* about 4 Months

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* Been sickly all it life

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Dec 3 1880

*Undertaker,* Pat Mullin

*Place of Business,* ———

T. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44468

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 22 December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Black

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* 86 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 60 years.

*Place of Death,* {Give street and number} 192 Pennsylvania Ave

*Cause of Death,* First, (Primary,) Heart Disease. (Fatal valve)

Second, (Immediate,)

*Duration of last Sickness,* 3 mon.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* December 25th

*Undertaker,* C. H. Blizzard

*Place of Business,* Penn Ave

H. W. Mimps *M. D.*
Medical Attendant.

*Address,* 224 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44469

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 1 / 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Alexander Gilmore

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 1 2 *Months,* ——— *Days.*

*Color,* Brown

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Congenital Hydrocephaloid

*Duration of Last Sickness,* about one month

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter

*Date of Burial,* Dec 3 d 1880

*Undertaker,* Pat. Mullin

*Place of Business,*

T. J. Ware M.D.,
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44470

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 1/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret St Peter

*Sex, ~~Male or Female,~~* {Cross out the word not required in this line.}

*Age,* *Years,* 72 *Months,* 11 *Days.*

*Color,* Dark Brown

*~~Married, Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Bronchitis

*Duration of Last Sickness,* 4 Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Dec 3rd 1880

*Undertaker,* Pat Mullin

*Place of Business,* P. Park ave

J. J. Ware M.D.,
Medical Attendant.

*Address,* 127 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44471 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ervin

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland.

*Duration of Residence in the City of Baltimore,* 14 years.

*Place of Death,* {Give street and number.} E Guilford's Alley

*Cause of Death,* First, (Primary.) Asthma

Second, (Immediate.) "

*Duration of Last Sickness,* Unknown had suffered for a long time

All the above information should be furnished by the Physician.

Had no Physician, Attendant

*Place of Burial,* St Peters

*Date of Burial,* Dec 3 1880

Dr. A. Bell *M.D.,*

~~Medical Attendant.~~ Coroner's Physician

*Undertaker,* J. F. Kinane

*Place of Business,* 209 Hanover *Address,* 161 So. Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44472

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Price

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 1 *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number.} 40 Bolton St

*Cause of Death,* {First (Primary,) Valvular disease of the Heart
Second (Immediate,)

*Duration of Last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery E. Ridgely Barr M. D.
Medical Attendant.

*Date of Burial,* Dec 4th 1880

*Undertaker,* Deany mc Mitchell

*Place of Business,* 50 & 52 W Fayette St *Address* 142 Bolton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

ask who Victor Jno K Callaway Dec 4/80

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 2 Dec 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alex B. Gilman

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 82 *Years,* *Months,* *Days.*

*Color,*

*Married, ~~Single, Widow or Widower.~~* { Cross out the word not required in this line. }

*Occupation,* Bookkeeper

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,* 38 yrs

*Place of Death,* { Give street and number } 47 N. Carey St

*Cause of Death* { First, (Primary,) Bright's Disease Kidneys

, { Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Dec 4th 1880

Chas A Taylor M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 55 & 57 W. Fayette St *Address,* Waverley Cem

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 31 1880
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hannie G. Dillard

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 30 yrs *Years,* *Months,* *Days.*

*Color,* W

*Married, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and number} 413 Conrad St

*Cause of Death* {First, (Primary,) Gastric Ulcer (Chronic)
Second, (Immediate,)

*Duration of last Sickness,* 3 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Glenwood Cem

*Date of Burial,* Dec 30 1880.

*Undertaker,* Denny & Mitchell

*Place of Business,* 50 & 52 W Fayette St

Lee Hall M. D.
Medical Attendant.

*Address,* 1 Waverley Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1980 Burial

KODAK SAFETY FILM

Permit No. 44,475 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 3, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Frey

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 10 *Months,* *Days.*

*~~Color~~,* White

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Investor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 Years

*Place of Death,* {Give street and number.} 31 Wolfe St near Madison

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* A Number of Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 5th

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square

W. W. White M.D.,

~~Medical Attendant~~

*Address,* 347 N Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 1-4-76

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 2nd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Winston

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 10 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* {Give street and number} No 1129 Eastern Ave

*Cause of Death,* First, (Primary,) Scarlatina

Second, (Immediate,)

*Duration of last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Meier Herring

*Date of Burial,* Sunday Eve

*Undertaker,* E Eckell

*Place of Business,* Corner 91 Edutt

H J Gratty M. D.
Medical Attendant.

*Address,* 2111 Eastern

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4464 77 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 3, 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Krautenbauer

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany (9 yrs in the

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and number.} St Josephs Hospital

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.) Phthisis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* December 4th 1880

*Undertaker,* Henry Thaelitz

*Place of Business,* ~~309 Central Ave~~ *Address,* 188 N Calvert St

Oscar Miller *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**Permit No.** 44478 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* December 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiram Cole.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 74 *Years,* 4 *Months,* 23 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married.

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Frederick Co. Va.

*Duration of Residence in the City of Baltimore,* 15 Years.

*Place of Death,* {Give street and number.} S.W. Cor Edmonson Av. & Sticker St.

*Cause of Death,* First (Primary,) Tuberculosis

Second (Immediate,) Enteritis

*Duration of Last Sickness,* Ill 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cem

*Date of Burial,* Dec 4th 1880

*Undertaker,* John Wachter

*Place of Business,* Park & Fayette

Jno. F. Lovell M. D.
Medical Attendant.

*Address* 227 Carrollton Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44479

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 3. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George McClellan

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow~~ or Widower,* {Cross out the word not required in this line.} —

*Occupation,* Blacksmith

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 50 yrs

*Place of Death,* {Give street and number.} 145 N. Eutaw St

*Cause of Death,* First, (Primary.) Kidney & Liver Trouble

Second, (Immediate.) Apoplexy

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bacon Cemetery

*Date of Burial,* 5 Dec 1880

A. Linsley *M.D.,*

~~Medical Attendant.~~

*Undertaker,* R. Kennedy

*Place of Business,* 40 Pratt St *Address,* Corner

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44480

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* December 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Thomas Gallagher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Four (4) *Years,* Five *Months,* — *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Years

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 284 Hoffman st

*Duration of Residence in the City of Baltimore,* 4 yrs 5 months

*Place of Death,* {Give street and number.} 41 Lanvale st

*Cause of Death,* First (Primary,) Congestive Convulsions

Second (Immediate,) Asphyxia

*Duration of Last Sickness,* From Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* December 4th

*Undertaker,* John S. Bracker

*Place of Business,* Pasca & Pandres

*Address*

J. E. Gorsuch *M. D.*

Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44481

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 9th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Tickner

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Seventy one *Years,* Seven *Months,* Nine *Days.*

*Color,*

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* Forty years

*Place of Death,* {Give street and number} No. 200 S. Fremont St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Paralysis

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* December 5th 1880

J. Tyler Smith M. D.
Medical Attendant.

*Undertaker,* Wm. J. Dickens

*Place of Business,* 65 S. Eutaw St *Address,* 921 Bank St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

**Permit No.** 44182

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 3rd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Pruett

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 266 Cross St

*Cause of Death* { First, (Primary,) Trismus Nascentium
Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Dec 5th 1880

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross Sts. *Address,* 151 Hanover St

I. C. Burch M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4483

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 3d

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phoebe Rogers

*Sex,* ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 77 *Years,* — *Months,* — *Days.*

*Color,* Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Family Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* ~~*Years*~~ Life,

*Place of Death,* {Give street and number} 172 N. Calvert St

*Cause of Death,* First, (Primary,) Softening of Brain

Second, (Immediate,) Paralysis

*Duration of last Sickness,* about 5 or 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy cross

*Date of Burial,* Dec, 4th 1880

*Undertaker,* H. W. Jenkins & son

*Place of Business,* 16 Light St

Felix Jenkins M. D.
Medical Attendant.

*Address,* No 2 Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44484

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1889 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Dec 2 1889

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Tuttle

Sex, Male or Female, {cross out the word not required in this line.}

Age, 1 Years, 9 Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} 6 Rock

Cause of Death, First, (Primary,) Hooping Cough and

Second, (Immediate,) Bronchial Catarrh

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Dec 4

Undertaker, P Kummet

Place of Business,

Chas F Mulhern M. D.
Medical Attendant.

Address, 283 W Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4/4/4,185

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 3 '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eduard Brandes

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* {Give street and number.} 196 Preston St.

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate.) Cerebral Paralysis

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,*

*Undertaker,* P. Kummer

*Place of Business,*

D. G. Miller *M.D.,*

Medical Attendant.

*Address,* 89 N. Eutaw St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44486

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BD. DEC 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Sumner

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 7 *Years,* 4 *Months,* 13 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 138 Conway st

*Cause of Death* { First, (Primary,) Scarlet Fever Malignant
Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto co

*Date of Burial,* Dec 5th 1880

*Undertaker,* I J Mackey

*Place of Business,* Camden & Paca sts

I H Hance M. D.
Medical Attendant.

*Address,* 74 Paca st

## *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44487

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Schaefer

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 10 *Months,* — *Days.*

*Color,* white

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* ~~Lifetime~~ 5 yrs

*Place of Death,* {Give street and number.} N.E. corner Hanover & Hill Sts

*Cause of Death,* First, (Primary.) Unknown. probably acute case of Meningitis (Meningite foudroyante)

Second, (Immediate.) —

*Duration of Last Sickness,* 5-6 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* Dec 5th 1880

*Undertaker,* C. F. Kranz

*Place of Business,*

Henry Salzer M.D.,
Medical Attendant.

*Address,* 163 W. Lombard St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 4/4/88

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1888 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 3 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter D. Barnes

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 29 s Sticker street

*Cause of Death,* First, (Primary,) Heart - disease

Second, (Immediate,)

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 4

*Undertaker,* J B Cook

*Place of Business,* 707 West Baltimore

I. J. Litzer M. D.
Medical Attendant.

*Address,* 160 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

Permit No. 44489

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec. 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stuckroth

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 3 Donohue's Ct.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem. *Date of Burial,* Dec. 5th 80

James E. McShane M.D.,
Medical Attendant.

*Undertaker,* Jno. France

*Place of Business,* 280 Canton Ave *Address,* 68 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44490

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Winfield Cooke

~~Sex,~~ Male ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* 32 *Years,* — *Months,* — *Days.*

*Color,* W — *Sex,* Male

*Married, ~~Single, Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Wall paper Cutter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 32

*Place of Death,* {Give street and number.} No 232 Hoffman st

*Cause of Death,* First (Primary,) Exposure in business

Second (Immediate,) Bright's disease

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery — William Lee M. D.

*Date of Burial,* December 5th 1880 Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St — *Address* Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44491

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 F 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mr. & Mrs. John Fish Lacke

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 0 *Years,* 0 *Months,* [redacted] Two *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 28th Myrtle av.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 28th Myrtle av.

*Cause of Death* { First, (Primary,) Convulsions
Second, (Immediate,) "

*Duration of last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Dec 4th 1880

{ *Undertaker,* Wm Wann
*Place of Business,* Eutaw St

Silas Baldwin M. D.
Medical Attendant.

*Address,* 152 Townsend St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4492

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 3rd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Merchant

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 2 *Years,* 2 *Months,* 17 *Days.*

*Color,* White *Sex,* Male

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Colored

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 406 Lexington Street

*Cause of Death,* First (Primary,) Capillary Bronchitis

Second (Immediate,)

*Duration of Last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 5th 1880

A. T. Bell *M. D.*
Medical Attendant.

*Undertaker,* Wm S Hughes

*Place of Business,* 16 E Balto St Address 234 Madison Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44493

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Herman & Rebecca Weed (Parents)

*Sex, Male or Female,* {cross out the word not required in this line.} Male.

*Age,* —— *Years,* —— *Months,* 4 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Since birth.

*Place of Death,* {Give street and number} 40 30 S. Wolf St.

*Cause of Death,* First, (Primary.) ~~Double~~ Hazeline Operation.

Second, (Immediate.) Secondary hemorrhage sixteen

*Duration of last Sickness,* hours after.

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St. Cemetery

*Date of Burial,* Dec 4th 1880

A. M. Esch M. D.
Medical Attendant.

*Undertaker,* L. Herzog

*Place of Business,*

*Address,* 94 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OT 48.]

Permit No. 414494 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lech

*~~Sex~~, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* Wh

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cooper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and number.} 3 N. Howard

*Cause of Death,* First, (Primary.) Aneurism aortae

Second, (Immediate.) Rupture cordae

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* December 6th

*Undertaker,* Mr Smith

*Place of Business,* 97 Bank St

*Medical Attendant,* J. Fisher M.D.,

*Address,* 245 S. Howard

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4656 1880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Dean Davis

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 17 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} No. Cullough St

*Cause of Death,* First, (Primary,) Brights disease

Second, (Immediate,) None

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Dec 5th 1880

*Undertaker,* Wm Gray & Son

*Place of Business,* 41 Hanover St

Felix Jenkins M. D.
Medical Attendant.

*Address,* No 2 Cathedral

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

State of Maryland, City of Baltimore.

Permit No. 4496 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard E. E. Law

*Sex, Male ~~or Female.~~* {Cross out the word not required in this line.}

*Age,* 35 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 213 Jefferson St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis Pulmonal

*Duration of Last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Dec 5th 1880

*Undertaker,* Frey & Bro

*Place of Business,* 173 Broadway

James A. Stewart *M.D.,*
Medical Attendant.

*Address,* Corner of Steal & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by L. P. Smith

State of Maryland, City of Baltimore,

**Permit No.** 44497

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 3

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Marta Robinson

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* 2 *Months,* 14 *Days.*

*Color,* White *Sex,* Female

*Married,* ~~Single, Widow, Widower~~; {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* all her life.

*Place of Death,* {Give street and number.} 187 Saratoga. her residence is 472 W. Baltimore st

*Cause of Death,* First (Primary,)

Second (Immediate,) Fatty degeneration of the Heart

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 6 of December

*Undertaker,* C A. Bliggard

*Place of Business,*

Frank N Gunner M. D.
Medical Attendant.

*Address* 187 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 44494

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

DEPARTMENT OF HEALTH BALTIMORE

***Permit No:*** 44498

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hutton

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 12 *Years,* 4 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Student

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number} 1 Dover St 49

*Cause of Death,* First, (Primary,) Typhoid Malaria

Second, (Immediate,)

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mass Station Delaware County Pa

*Date of Burial,* Dec 6th

*Undertaker,* Geo. Schilling

*Place of Business,* Ashland Square

*Address,* 24 Silver St

_____ M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1881 Baltimore

C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14499

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 2nd, 880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Vidutski

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 38 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany.

*Duration of Residence in the City of Baltimore,* Eight years.

*Place of Death,* {Give street and number} # 210 S. Wolf St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* Three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mathews Cem

*Date of Burial,* December 4th

*Undertaker,* Wendel Bros

*Place of Business,* 1. Boadst. 151

John H. Rehburn M. D.
Medical Attendant.

*Address,* # 245 Alice Anne St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14550

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Watson

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 36 *Years,* ——— *Months,* ——— *Days*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Musician

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Monkyall, C, W

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and number.} No 2 Bethel Place

*Cause of Death,* First (Primary,) Renal Dropsy

Second (Immediate,) Congestive Chill

*Duration of Last Sickness,* 60 days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* December 4th.

*Undertaker,* Wendel Bifful

*Place of Business,* S. Bond St 151

H. C. Hull M.D.

Medical Attendant.

*Address,* No 260 Aliceanna St cor

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 4501

# Board of Health, City of Baltimore.

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEC 4 1890 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Dec. 1st 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias John Schuck

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 10 *Months,* —— *Days.*

*Color,* M.S.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md. U.S.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 95 N. Ann

*Cause of Death,* First, (Primary.) Angina membranacea

Second, (Immediate.) Suffocation

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* December 3th

*Undertaker,* Ambrose Kuhler

*Place of Business,* 244 E Lombard St

J. Gillen M.D.,
Medical Attendant.

*Address,* 245 N. Ann

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to report within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore.

Permit No. 44502. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Morawetz

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balte City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 99 Wolfe St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Spasmus

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Sh. Alpshouse

*Date of Burial,* Dec 5th 1880

*Undertaker,* Adam Funk

*Place of Business,* ———

James A. Faust M.D.

~~Visiting Attendant.~~

Comm of Health

*Address,* 4 Regio Ave

Pawlow

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by L. P. Smith

# Board of Health, City of Baltimore,

Permit No. 47503. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brown,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male.

*Age,* 31. *Years,* — *Months,* — *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Cook.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City.

*Duration of Residence in the City of Baltimore,* 31. Years

*Place of Death,* {Give street and number.} No. 13. Philpot Alley.

*Cause of Death,* First, (Primary.) ——

Second, (Immediate.) Sarcoma Diffused

*Duration of Last Sickness,* 3 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Laural Cemetary

*Date of Burial,* Dec 4. 1880

*Undertaker,* Charles A White

*Place of Business,* 35 Granby. St

Geo. L Kinnemon M.D.,
Medical Attendant.

*Address,* 136 East St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44504

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

*Date of Death,* Dec 2- 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E More

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 53 *Years,* *Months,* 15 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Harford Co Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.}

*Cause of Death,* First, (Primary.) Pneumania

Second, (Immediate.) Pneumania

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laural Cemetary

*Date of Burial,* Dec 5- 1880

*Undertaker,* Charles A. Wh[illegible]

*Place of Business,* 35 Granby St

N. C. Houck *M.D.,*

Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44,505. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Murray

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 39 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland, 21 Years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 142 Ridgely St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis, 14 Months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cath Cem

*Date of Burial,* Dec 4th 1880

*Undertaker,* Jas L Byrne

*Place of Business,* 7 Gay Street

Dr J. N. Tull M.D.,
Medical Attendant.

*Address,* 152, Church

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44506 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* December 4th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Peack

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} # 186 E. Lombard St.

*Cause of Death,* First, (Primary.) Effusion

Second, (Immediate.) Phthisis Pulmonalis

*Duration of Last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Ecclesia P. Road

*Date of Burial,* December 5th 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S. Broadway

Wm H Norris M.D.,
Medical Attendant.

*Address,* E. Lombard

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44507

The Physician who attended any person in a fast illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 3rd 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida E. Fuller

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 1 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 120 E. Eager St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 5th 1880

*Undertaker,* John Fake

*Place of Business,* No 161 Pitt St

E. A. Culbreth M. D.
Medical Attendant.

*Address,* 121 East Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DELANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 4 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abbie Hannah K. Slade

*Sex, ~~Male~~ Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 17 *Months,* 3 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} U S A (Baltimore)

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 66 E Lombard St

*Cause of Death,* First, (Primary,) Scrofula (Abscess)

Second, (Immediate,)

*Duration of last Sickness,* From Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Dec 5th 1880

*Undertaker,* Thos. S. Hughes

*Place of Business,* 60 E Baltimore St

J. Ridgway André M. D.
Medical Attendant.

*Address,* 121 E. Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

C. DULANY & CO. CITY PRINTERS AND STATIONERS

# Board of Health, City of Baltimore.

Permit No. 44509

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 2 1880 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* Dec 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. W. Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* — *Months,* — *Days.*

*Color,* col

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 15 Booth Street

*Cause of Death,* First, (Primary.) Malarial Fever

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 5th 1880

*Undertaker,* Thos J. Locke

*Place of Business,*

James A. Lewis M.D.

~~Medical Attendant~~ Coroner's Physician

*Address,* Commissioners Register

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by E. Brown

ETY A FILM

# Board of Health, City of Baltimore,

Permit No. 4/4/510 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Brandt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 72 *Years,* — *Months,* *Days.*

*Color,* White

*~~Married~~, Single, Widow ~~or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* About 50 Years

*Place of Death,* {Give street and number.} # 86 Fort Avenue

*Cause of Death,* First, (Primary.) Cerebral Hemorrhage

Second, (Immediate.) Hypertrophy of the Heart

*Duration of Last Sickness,* Not known

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem *Attended* Dr. A. Bee

*Date of Burial,* December 6 *M.D.,*

*Undertaker,* B. Hardt *Medical Attendant.* Coroner's Phy Dist

*Place of Business,* 82 West St *Address,* 161 So Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

KODAK SAF

# Board of Health, City of Baltimore,

Permit No. 44517 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 4 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Dec 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marinda Wilson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 70 *Years,* 11 — *Months,* ..... *Days.*

*Color,* Black —

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} 137 N. Dallas St

*Cause of Death,* First, (Primary.) old age —

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* Six days —

**All the above information should be furnished by the Physician.**

*Place of Burial,* Laurel

*Date of Burial,* Dec. 4 - 1880

*Undertaker,* Hemsley & Madden

*Place of Business,* #116 Orchard st

J J Gue Jr *M.D.,*
Medical Attendant.

*Address,* 137 Dallas St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4454

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 7 1889 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Elizabeth Kremer

*Sex, ~~Male~~ Female,* {cross out the word not required in this line.}

*Age,* 40 *Years,* 5 *Months,* 8 *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country. (and how long in the United States, if of foreign birth.} Germany 20 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Belair & Boundary av.

*Cause of Death,* First, (Primary,) Pneumo — Pleurits, (Paracentheus pectoris)

Second, (Immediate,) Empyema — Exhaustion

*Duration of last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 6 of December

J. Gutmann M. D.
Medical Attendant.

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Lay St. *Address,* 137 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44513

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Luke Kelly

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 45 *Years,* — *Months,* — *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Ireland

*Duration of Residence in the City of Baltimore,* all 30 Yrs

*Place of Death,* {Give street and number.} 37 S Wolfe St

*Cause of Death,* First (Primary.) 2 Phthisis Pulmonalis

Second (Immediate,) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cemetery

*Date of Burial,* Dec 5 1880

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

Chas M. Morgan M.D.
Coroners Phys
Medical Attendant.

*Address,* 62 E Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 44574 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 3 d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jackson Cooper

HEALTH DEPARTMENT DEC 1880 BALTIMORE

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* 5 *Months,* 29 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Bricklayer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 98 North Broadway

*Cause of Death,* First, (Primary.) Softning of the brain

Second, (Immediate.) Coma

*Duration of Last Sickness,* About one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks Cem.

*Date of Burial,* Dec. 6. 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

Milton A. Taylor M.D.,
Medical Attendant.

*Address,* Broadway & McElderry St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44515.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1880 BALTIMORE.

Rec'd

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Nov~~ 3d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Greens

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* ~~Col~~

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent Co Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number} Mechanic Court 14

*Cause of Death,* First, (Primary,) Exposure

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Dec 5 1880

*Undertaker,* Charles A White

*Place of Business,* 36 Granby st

E C Baldwin M. D.
Medical Attendant.

*Address,* 124 n Exeter st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 44576

*Office of Registrar of Vital Statistics.*

DEC 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 4/ 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 77 *Years,* — *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 53 years

*Place of Death,* {Give street and number.} 161 Hollins

*Cause of Death,* First, (Primary.) decline of old age

Second, (Immediate.) "

*Duration of Last Sickness,* Gradual failure for months

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Dec 6th 1880

Thomas Opie M.D.
Medical Attendant.

*Undertaker,* S. McLeonard Sons

*Place of Business* 782 W Baltimore *Address,* 581 Lexington

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44517

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen M. Ford

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 67 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* No Occupation

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} Fulton Ave No 129

*Cause of Death,* First, (Primary.) Complication of Diseases

Second, (Immediate,) Paralysis

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* 6th Dec 1880

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St

John H. Mcdridge M. D.
Medical Attendant.

*Address,* No 129 Fulton Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 44518

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44518

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 3rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Judik

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 85 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Retired Mer.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Holland

*Duration of Residence in the City of Baltimore,* 50 Years

*Place of Death,* {Give street and number} 250 W. Lombard

*Cause of Death,* First, (Primary.) Heart disease

Second, (Immediate.) Paralysis

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cem

*Date of Burial,* 6th Dec 1880

*Undertaker,* H. Deutsch & Son

*Place of Business,* No 16 Light St

E. L. Wolfe M. D.
Medical Attendant.

*Address,* 28 Lilac

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, the cause and date of death, except in cases of [illegible] deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44515

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 5 1880 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 3d. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Jackson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 48 *Years,* — *Months,* — *Days.*

*Color,* D.

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Richmond Co. Va

*Duration of Residence in the City of Baltimore,* 9 yrs

*Place of Death,* {Give street and number} 348 N Howard st

*Cause of Death* { First, (Primary,) } { Second, (Immediate,) } Pulmon Consumption

*Duration of last Sickness,* 4 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Dec. 5-1880

*Undertaker,* Kemp Key Madden

*Place of Business,* #116 Arctand st

S. T. Coyburn M. D.
Medical Attendant.

*Address,* 134 N Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 44520

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEC 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 4th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Wenton

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 55 *Years.* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married.

*Occupation,* Carpet cutter & filler

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 16 years.

*Place of Death,* {Give street and number.} 107 N. Poppleton St.

*Cause of Death,* First, (Primary.) Bright's Disease of the Kidneys

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* Two weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* New Cathedral

*Date of Burial,* Dec 5th 1880

*Undertaker,* Joseph F Byrne

*Place of Business,* 590 Fillmore

Thomas O'Lee *M.D.,*
Medical Attendant.

*Address,* 581 Lexington St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44521

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 4 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Madigan

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* boy *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Stone-mason

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Ireland (Boy in America

*Duration of Residence in the City of Baltimore,* Boy

*Place of Death,* { Give street and number } 34 Arlington Avenue

*Cause of Death,* { First, (Primary,) Locomotor Ataxy

{ Second, (Immediate,) (Has not been seen by me for a month)

*Duration of last Sickness,* 5 or 6 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Dec 6

*Undertaker,* J B Cook

*Place of Business,* 707 West Pratt

Oscar J Cookey M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 44522

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEC 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 5 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Delany

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Seaman

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Dublin Ireland

*Duration of Residence in the City of Baltimore,* 12 Hours

*Place of Death,* { Give street and number. } Big Station Gunpowder Bridge

*Cause of Death,* First, (Primary.) Congestion Fever

Second, (Immediate.) " "

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Dec 5th 1880

*Undertaker,* P Riley

*Place of Business,* Lond Ln

James A. Stewart M.D.,
Medical Attendant
Com. of Health & Registrar
Per L. Shane

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by Jas E. Delany

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44525

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 5 1880 BALTIMORE

*Date of Death,* December 3. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Bias

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* Seventy *Years,* — *Months,* — *Days.*

*Color,* Colored *Sex,* Female

*Married,* ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 67 Orchard Street

*Cause of Death,* First (Primary,) —

Second (Immediate,) Paralysis

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 5 1880

{*Undertaker,* H. H. Chase

{*Place of Business,* 198 Harford st

Thomas Sappington M. D.
Medical Attendant.

*Address* 70 Center Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 44524 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Geo H & Carrie Schmuck

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* ..... *Months,* ..... 1 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 38 East Fayette St

*Cause of Death,* First, (Primary.) Asthenia Congenital

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Dec 5th 1880

*Undertaker,* J J Byrnes

*Place of Business,* 3 E Fayette St

James A. Stewart M.D.,

Medical Attendant Com. of Health Registrar

*Address,* Per M Shaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

John E. Tunding = James Carr Dunphin

Permit No. 44525

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 5 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Alfred Peterson

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 156 S. Wolf Street

*Cause of Death,* First, (Primary.) Erysipelas

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* E B Pub Cemetery

*Date of Burial,* Dec 5th 1880

*Undertaker,* P Muller

*Place of Business,*

James A. Stewart *M.D.,*
Medical Attendant.
Asst. Registrar
per M Shane

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

John E. Timanus Sanitary Inspector

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44,526

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiette L. Taylor

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 136 Pearl St

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* Two weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 6, 1880

*Undertaker,* J. Schuttler

*Place of Business,* 1592 Madison St

S. T. Knight M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore

Permit No. 44527

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thomas

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 8 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 4 Brown's alley

*Cause of Death,* First, (Primary.) Malnutrition

Second, (Immediate.) Inanition

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 4th 1880

*Undertaker,* Wm H Bishop Jr

*Place of Business,* 97 Druid Hill Ave

_____ *M.D.,*
Medical Attendant.

*Address,* Commissioners of Health

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Chas E Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. G. Sires

HEALTH DEPARTMENT D. 3 1880 BALTIMORE

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ... *Years,* 5 *Months,* ... *Days.*

*Color,* White,

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None,

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 168 Bank st

*Cause of Death* { First, (Primary,) ... Second, (Immediate,) Convulsions,

*Duration of last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Dec 5

*Undertaker,* H. Pippel

*Place of Business,* S. Bond st. 157

Nicholas L. Sathwill M. D.
Medical Attendant.

*Address,* 207 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

b

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14529

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 5 / 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Stallmann

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 23 *Months,* 2 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 368 Hanover St

*Cause of Death,* First, (Primary,) membranous Croup

Second, (Immediate,) Suffocation

*Duration of last Sickness,* 3 1/2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Dec 6th 1880

G. Liebmann M. D.
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Bros *Address,* 229 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44530 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 7 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Felix Alexis

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 46. *Years,* 5. *Months,* 24. *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Book-keeper

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Geneva

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* { Give street and number. } 129 North Exeter Street

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemorrhage

*Duration of Last Sickness,* 1 day

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* December 7/80

*Undertaker,* Law & Bartlett

*Place of Business,* 62 W. Balt St

Wm Blout M.D.,
Medical Attendant.

*Address,* 129 E. Exeter [illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44537 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Wm Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* 7 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 7 Eastern Ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Dyphtheria

*Duration of Last Sickness,* 13 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* December 6th

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw

Jno L. Slade M.D.,
Medical Attendant.

*Address,* 168 Pacific

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14532

HEALTH DEPARTMENT DEC 1880 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Alexander

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* — *Years,* 8 *Months,* — *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto City

*Duration of Residence in the City of Baltimore,* 8 Mo

*Place of Death,* {Give street and number.} 16 S. Oregon

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate,)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Dec 6th 1880

*Undertaker,* John Slacher

*Place of Business,* Read & Camden

R. C. Lee M.D.
Medical Attendant.

*Address,* U. W. cor Hanover & Barre Sts

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. ander Russell

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 23 *Months,* 28 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 574 Aisquith st

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 574 Aisquith st

*Cause of Death* First, (Primary,) Double Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 15 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Dec. 7th, 1880 | M. B. Billingslea M. D. Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* 202 N. Eutaw st | *Address,* 25 E John st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 14134

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lendwig Schmidt

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* 8 *Months,* *Days,*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 years -

*Place of Death,* {Give street and number.} 401 Leigh St

*Cause of Death,* First, (Primary.) had been helpless for over two years - Suffering with Rheumatism & Dry Gangrene - Second, (Immediate.) of the upper & lower Extremities, his clothing accidently Caught fire - being alone & unable to help himself resulted in death -

*Duration of Last Sickness,* in about 22 hours -

All the above information should be furnished by the Physician.

*Place of Burial,* Lauriel Park Cemetery

*Date of Burial,* December 7

*Undertaker,* B. Hoile

*Place of Business,* 82 West St.

S. Stabell, M.D.,

~~Medical Attendant~~

Coroner 2nd Dist

*Address,* 161 So Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health

Permit No. 44535

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 5, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Robinson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maine

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* {Give street and number.} 608 N. Washington St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* A number of years.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetary

*Date of Burial,* Dec 7th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* No 406 Druid Hill Avenue *Address,* 36 E. Broadway

H. H. White, *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44536

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna C. Heckman

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 6 *Years,* 10 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 88 Hull St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlatina

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 7th

*Undertaker,* P. T. Poole

*Place of Business,* #131 Lanvale

R. J. N. Tull M.D.,
Medical Attendant.

*Address,* 152 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44537

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Andreas Betzenberger.

*Sex, Male, ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* 16 *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. City.

*Duration of Residence in the City of Baltimore,* 1 y. 4 m. 16 d.

*Place of Death,* {Give street and number.} 69 Penna' Avenue

*Cause of Death,* First, (Primary.) Congestion of Brain.

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* 8 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* December 6

*Undertaker,* Walter Emmert

*Place of Business,* 252 W. Pratt

H. Rinehart, M.D.,
Medical Attendant.

*Address,* 521 Penna' Ave.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 6 1920 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 5th 1920.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Walz.

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 77 *Years,* 5 *Months,* 11 *Days*

*Color,* White.

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.} V

*Occupation,* None.

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Hessedarmstadt, Germany, 33 Years.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 82 Lansdowne Road.

*Cause of Death,* First (Primary,) Hemiplegia, (1st attack)

Second (Immediate,)

*Duration of Last Sickness,* 3 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* December 7

*Undertaker,* Walter Immel

*Place of Business,* 252 N. [redacted] St.

John J. K. Boyd M.D.
Medical ~~Attendant~~.

*Address,* 273 N. Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

# Board of Health, City of Baltimore,

Permit No. 44539

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hedwig Reinhold

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 19 *Years,* 3 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* eight years.

*Place of Death,* {Give street and number} 216 S. Bond St.

*Cause of Death,* First, (Primary,) Puerperal Convulsions.

Second, (Immediate,)

*Duration of last Sickness,* ten hours.

All the above information should be furnished by the Physician.

*Place of Burial,* St Mathias Cemt.

*Date of Burial,* Decbr 6. E

A. F. Eyl, M. D.
Medical Attendant.

*Undertaker,* Julius Haack.

*Place of Business,* S Bond St 240 *Address,* 94 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[97th.]

Permit No. 44540

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellis M Poultney

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* *Months,* *Days.*

*Color,* white

*Married,* ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 66 St Paul st

*Cause of Death,* First, (Primary.) a fe. (senile?)

Second, (Immediate.) - diarhea -

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Dec 8th 1880

*Undertaker,* Butterfield Son

*Place of Business,* 16 Light st

Ruffin Buckler M.D.,
Medical Attendant.

*Address,* 135 N Chas st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 4 4 1 5 7 4 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane James Thompson

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 51 *Years,* 6 *Months,* 17 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* ———

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Chillicothie Ohio

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} N W corner of Eager & St Paul

*Cause of Death,* First (Primary,) Cystitis

Second (Immediate,) Septicemia

*Duration of Last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* 7th Dec 1880

*Undertaker,* Henry W Jenkins & Son

*Place of Business,* 26 Light St

Thos J. Mundell M. D.
Medical Attendant.

*Address* 80 Read St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44572

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

*Date of Death,* December 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dresel

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ——— *Years,* four *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* 2

*Place of Death,* {Give street and number} N E 20 Hay st

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Dec 6 1880

L A Nauderuitz M. D.
Medical Attendant.

*Undertaker,* H. Hofmayer

*Place of Business,* 63 N. Eden *Address,* 12 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 14543

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 4. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McCleary

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Belfast, county Antrim, Ireland

*Duration of Residence in the City of Baltimore,* 53 yrs.

*Place of Death,* {Give street and number.} # 314 N. High st.

*Cause of Death,* First, (Primary.) Cerebral Apoplexy

Second, (Immediate.) Paralysis

*Duration of Last Sickness,* about 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt. Cy.

*Date of Burial.* Dec 7th 80

*Undertaker,* Geo. W. Spence

*Place of Business,* 190 N. Eutaw *Address,* # 305 N Carolina st

Geo. A. Norris M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44374

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 5th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Zeller.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 139 S. Sharp St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Laryngitis - (Diphtheritic)

*Duration of Last Sickness,* about 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balto - Cemetary

*Date of Burial,* Decbr 7th 1880

*Undertaker,* Ph. Deewald

*Place of Business,* 35 S. Eutaw St *Address,* 132 S. Sharp St,

R. J. N. Tall M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44545

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in s last illness is responsible for the presentation of this Certificate, correctly filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

BALTIMORE HEALTH DEPARTMENT DEC 6 1880

# CERTIFICATE OF DEATH.

*Date of Death,* Decbr 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Millard F Tolson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 24 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Teacher m a.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} 291 N Carrollton av.

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,)

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Kent Island Md

*Date of Burial,* Dec 7th 1880

E Gover Cox M. D.
Medical Attendant.

*Undertaker,* Denny and Mitchell

*Place of Business,* 530 W Fayette St Address 289 W Fayette st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

1982 Transcript

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Board of Health, City.

**Permit No.** 44576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Saturday December 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Diana J Collins

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 55 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* Laundress

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,* 55 yrs

*Place of Death,* {Give street and number.} 40 Saratoga St

*Cause of Death,* First (Primary,) Typhoid Pneumonia

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 7th 1880

*Undertaker,* Thos Locke

*Place of Business,* 5 E. Saratoga St

Edwd Wm Mills M. D.
Medical Attendant.

*Address* 51 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44547

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov 21st 80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry G. Nicholson.

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 16 *Years,* *Months,* *Days*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

*Duration of Residence in the City of Baltimore,* acc his life.

*Place of Death,* {Give street and number.} 290. Jno Street

*Cause of Death,* First (Primary,) Typho Malarial Fever.

Second (Immediate,)

*Duration of Last Sickness,* 14. days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 6

*Undertaker,* Meeth & Shields

*Place of Business,* 60 N Carrollton ave

John L. L. Kloz, M.D.
Medical Attendant.

*Address,* 273 W Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 14578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benhart Hammerbacher.

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 9 *Days*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 414 Cross St.

*Cause of Death,* {First (Primary,) ..... Second (Immediate,) Spasm

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec. 7th 1880

{*Undertaker,* Fredk. Pohe.

{*Place of Business,* 425 Cross St.

L. Thos Hall M.D.
Medical Attendant.

*Address,* 406 Cross St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44549

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE.

# CERTIFICATE OF DEATH

*Date of Death,* Dec. 5/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Miller

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* / *Years,* *Months,* 2 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. city

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 167 S. Caroline St.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* Dcbr 7th 1880

*Undertaker,* Wm. Elam

*Place of Business,* 101 Gough St

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44550

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 5 – 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Barbara Laufman

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* 1 *Days*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } 407 Light St

*Cause of Death,* { First, (Primary.) } { Second, (Immediate.) } Spasms

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Dec 6 1880.

*Undertaker,* Y. Hearle

*Place of Business,* 52 West St

_____ *M.D.,*
Medical Attendant.

*Address,* Commissioners of Health + Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Ex S Bros & Trudeau

Permit No. 44837

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 6 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie McKonan

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 135 E Biddle St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 7th 1880

E H Ruddiger M.D.,
Medical Attendant.

*Undertaker,* Henry Stock

*Place of Business,* 30 N Central Av *Address,* 157 Aisquith St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Snow

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* 29 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Infant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* ✓

*Place of Death,* {Give street and number} 219 Canton Ave

*Cause of Death,* {First, (Primary,) ..... Second, (Immediate,) Pneumonia

*Duration of last Sickness,* Six days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Dec 7th

*Undertaker,* Henry Saunter

*Place of Business,* 252 Canton Ave

A Hergenheimer M. D.
Medical Attendant.

*Address,* 11 S Hyde St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, [illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44533

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 6th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Hermann Schroeder

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} S/ Spring St 136.

*Cause of Death,* First (Primary,) Spasm

Second (Immediate,) .....

*Duration of Last Sickness,* Three Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Evangelical Cem. John A Schultz M. D.

*Date of Burial,* Dec. 6. 80 Medical Attendant.

*Undertaker,* Henry Sander Address N E Cor Gough & Eden St

*Place of Business,* 232 Canton Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44.554

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 5-th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Campher

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Forty-eight Years, ——— Months, ——— Days.

*Color,* Black

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co.

*Duration of Residence in the City of Baltimore,* One month

*Place of Death,* {Give street and number} No. 23 New st.

*Cause of Death* { First, (Primary,) Rheumatism
Second, (Immediate,) Dropsey

*Duration of last Sickness,* One month-

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Dec 6 1880

*Undertaker,* Hemsley Ex Schaeberle

*Place of Business,* 16 Orchard st

E B. Gardner M. D.
Medical Attendant.

*Address,* 120 W. Greenest

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44555

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Johnson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* *Months,* *Days.*

*Color,* Colored *Sex,* Female

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Back City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 7 Guilford ave

*Cause of Death,* {First (Primary,) Phthisis
Second (Immediate,)

*Duration of Last Sickness,* Seven Years

All the above information should be furnished by the Physician.

*Place of Burial,* Thompson Cemetery

*Date of Burial,* Dec 7, 1880

*Undertaker,* Kinsley & Chamberlain

*Place of Business,* 116 Orchard

Alexander Thurber M. D.
Medical Attendant.

*Address* Corner

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 4/4356 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno G Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 11 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 323 Columbia Ave

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inflammatory Croup

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Dec 7th 1880

*Undertaker,* Peter Kummer

*Place of Business,* Mulberry St

Jno D Blake M.D.,
Medical Attendant.

*Address,* 165 Lacrosse

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

**Permit No.** 4455

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 4th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. E. Mitchell

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* Eighteen *Years,* Four *Months,* Six *Days.*

*Color,* Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Waiter

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Nine years

*Place of Death,* {Give street and number} No. 24 New st.

*Cause of Death* {First, (Primary,) Consumption / Second, (Immediate,) Prostration

*Duration of last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 6th 1880 F. B. Gardner M. D. Medical Attendant.

*Undertaker,* Geo H. Parkin Jr. & Co

*Place of Business,* 120 Hanover st *Address,* 120 N. Greene st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44558

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ratchford

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 55 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 7 Hollins al

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* 6th December

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St *Address,* 283 W. Lombard

Edwd F. Muldowney M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44559

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 5 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius O'Connell

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.} Male

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.} Single

*Occupation,* Machinist

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 239 Columbia Avenue

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) 4 4

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetry

*Date of Burial,* 7th December

*Undertaker,* Matthew A Rogers

*Place of Business,* 227 Thulbery St

Thomas Opie M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44560

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 5 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decem 5- 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Arthur

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 0 *Years,* — *Months,* — *Days.*

*Color,* Negro

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Sailor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Demarara

*Duration of Residence in the City of Baltimore,* 13 yrs

*Place of Death,* {Give street and number} 5- Shubert St -

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate,) Anchylosis

*Duration of last Sickness,* 3 Mos -

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* Dec. 6th 1880

*Undertaker,* Kemmler & Madden

*Place of Business,* #116 Orchard st

David Shrell M. D.
Medical Attendant.

*Address,* 1434 E. Eden St -

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44561

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 5th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother Name Sally Waters

*Sex,* ~~Male or~~ *Female,* {Cross out the words not required in this line.}

*Age,* — *Years,* — *Months,* a Twinnie *Days*

*Color,* C

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 40 N Broadway

*Cause of Death,* {First (Primary,) asphyxeated. accedentally dropped} {Second (Immediate,) in the sink by mother in Labor}

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* B P Cemetery

*Date of Burial,* December 6

*Undertaker,* Patrick Mullin

*Place of Business,*

Chas M Morfit M.D.
Coroner
Medical ~~Attendant~~.

*Address,* 62 S Bonds St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14562

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 6. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie A Foos

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland Lifetime

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 141 S Bond St

*Cause of Death* First, (Primary.)

Second, (Immediate.) Interio Mesenteric & Hepatic Inflammation

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Dec 7th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 215 N. Gay St

G. W. Wayson M. D.
Medical Attendant.

*Address,* 18 Aisquith

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44563 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

*Date of Death,* Dec 5th '80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Lauer

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* *Months,* *Days.*

*Color,* white

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* House wife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number.} 94 George St.

*Cause of Death,* First, (Primary.) old age

Second, (Immediate.)

*Duration of Last Sickness,* death sudden

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* Dec 7th 1880

*Undertaker,* P. Kimmel

*Place of Business,* 317 Mulberry *Address,* 8 N. Greene St.

D. Weller, *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully [illegible]

# Board of Health, City of Baltimore,

Permit No. 41564

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Dec 6th 1880

Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Woods

~~Male or Female~~, {cross out the word not required in this line.} Male

76 Years, — Months, — Days.

White

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} No 38 Commerce St.

Cause of Death, {First, (Primary,) Old Age

Second, (Immediate,)

Duration of last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, December 8th 1880

Undertaker, W. H. Hirchmann

Place of Business, 211 Gay St

A. P. Gaitt M. D.
Medical Attendant.

Address, 137 N. Eutaw

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44565 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 6th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Eliza Brown

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 24 *Years,* 7 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Housekeeper

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Since Born

*Place of Death,* { Give street and number. } 42 E Stiles St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diphtheria

*Duration of Last Sickness,* 14 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Met Olivet Cem

*Date of Burial,* December 7th

*Undertaker,* Wm J. Tickner

*Place of Business,* 65 S. Eutaw St

Wood Clark M.D.,
Medical Attendant.

*Address,* 160 Saratoga

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44366 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 6 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Thomas

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number.} 290 S. Sharp St

*Cause of Death,* First, (Primary.) Ulceration of Lungs

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Dec 8

*Undertaker,* John H. Owens Jr

*Place of Business,* 225 South Eutaw

W. S. Bond M.D.,
Medical Attendant.

*Address,* 206 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4 4 5 6 7

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 6th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Childs

*Sex,* ~~Male~~ *or Female,* { Cross out the word not required in this line. }

*Age,* 78 *Years,* — *Months,* — *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore County

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* { Give street and number. } 858 N. Baltimore St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Old Age

*Duration of Last Sickness,* One day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Dec 7th 1880

*Undertaker,* S. W. Leonardson

*Place of Business,* Balto St

James A. Stewart M.D., Medical Attendant

Dec 7th

*Address,* Baltimore St

Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Examined by Geo E Brown Sanitary Inspector

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44568

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 6th December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Lines

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* about 75 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} West River Maryland

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 6 Canton Street

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) Do.

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial* Dec 8th 1880

*Undertaker,* Wm F Gray

*Place of Business,* 65 Mulberry

Harry L Byrd M. D.
Medical Attendant.

*Address* 225 N Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 4569

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Mahone

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 28 *Years,* 4 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 348 E. Eager st.

*Cause of Death,* First, (Primary,) Ulceration of Bowels

Second, (Immediate,)

*Duration of last Sickness,* Eight Months

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Dec 8th 1880

*Undertaker,* Geo Schilling

*Place of Business,* 13th and Eyrau

Applegate M. D.
Medical Attendant.

*Address,* 137 N. Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4/570 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

*Date of Death,* Dec. 5/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Krapf

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 24 *Years,* 4 *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give street and number.} 344 Eastern av.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Typoid fever

*Duration of Last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem'y

*Date of Burial,* Dec 8th

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern av

L. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4571

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decemb 4th 10.30 P.M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hans Frederick E. Moller

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Norway

*Duration of Residence in the City of Baltimore,* One Year

*Place of Death,* {Give street and number} 225 S. Broadway

*Cause of Death,* First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) Apnoea

*Duration of last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Dec 7th

E. B. Billow M. D.
Medical Attendant.

*Undertaker,* H. Froehlich

*Place of Business,* 244 Eastern Av. *Address,* 51 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44572 Office of Registrar of Vital Statistics

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 7 1880 BALTIMORE

*Date of Death,* Dec 6, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T Wallace

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 49 Randall St

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate.) Paralysis

*Duration of Last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 8th

*Undertaker,* F. T. Bell

*Place of Business,* 131 Hanover St

Woodson Bond M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 14373 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

*Date of Death,* Dec 6. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Smith

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* 11. *Months,* 6. *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 Years

*Place of Death,* {Give street and number.} 4 Slaughter Ln

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 8th

*Undertaker,* R. F. Poll

*Place of Business,* 131 Hanover

Thomas Beck *M.D.,*
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, And to List of Diseases on ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44574

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 6th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah F. Wood

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 23 *Years,* *Months,* *Days.*

*Color,*

*Married, ~~Single~~, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 481 W. Fayette St.

*Cause of Death,* { First, (Primary,) Y

Second, (Immediate,) Puerperal fever

*Duration of last Sickness,* Five days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cty

*Date of Burial,* Decr 8th 1880

Edward R. Ward M. D.
Medical Attendant.

*Undertaker,* John Mackin

*Place of Business,* Pacas Garden Address, 248 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore

Permit No. 14575

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 6 to 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Collins

~~Sex,~~ *Male or* ~~*Female*~~, {cross out the word not required in this line.}

*Age,* About 70 *Years,* *Months,* *Days.*

*Color,* Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Laundress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} A. Arundel Co. Md

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and number} 143 Pierce st.

*Cause of Death* { First, (Primary,) Disease of Heart- / Second, (Immediate,) Dropsy

*Duration of last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 8th 1880

{ *Undertaker,* John C Jordan / *Place of Business,* 63 Park ave

A. M. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name; sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on P...

# Board of Health, City of Baltimore,

Permit No. 14576

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 7th 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Reiss.

*Sex,* ~~Male or~~ *Female,* { cross out the word not required in this line. }

*Age,* 38 *Years,* 11 *Months,* ____ *Days.*

*Color,* white.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* twelve years.

*Place of Death,* { Give street and number } 253 S. Dunham St.

*Cause of Death,* { First, (Primary,) ____ Second, (Immediate,) Typhoid fever.

*Duration of last Sickness,* Eight days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel

*Date of Burial,* Dec. 8 1880

*Undertaker,* Henry Bini

*Place of Business,* 252 Aliceanna

A. M. Erich M. D.
Medical Attendant.

*Address,* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore.

*Permit No.* 44577

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 6 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 5. 3 30 P M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Krueck

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 5 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X Y

*Occupation,* X X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 418 Eastern Ave

*Cause of Death* First, (Primary,) Scarlatina Maligna

Second, (Immediate,)

*Duration of last Sickness,* about One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* December 7th

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Ave

Jno. E. Donelle M. D.
Medical Attendant.

*Address,* 299 E. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

# Board of Health, City of Baltimore,

Permit No. 44578

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 5th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Parks

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 15 *Years,* *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} South Carolina

*Duration of Residence in the City of Baltimore,* 7 Years

*Place of Death,* {Give street and number} 117 Sarah Ann St

*Cause of Death,* {First, (Primary,) Pulmonary Consumption / Second, (Immediate,) Exhaustion

*Duration of last Sickness,* About Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Dec 7th 1890

*Undertaker,* Jno. M. Ware

*Place of Business,* 125 N. Howard St

H. H. Adkins M. D.
Medical Attendant.

*Address,* 192 Park St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore

Permit No. 44579

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 4th 1889.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Lee

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.} Male

*Age,* 38 *Years,* — *Months,* — *Days*

*Color,* Colored

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Maryland

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number.} # 41 North ~~Alley~~ Street

*Cause of Death,* {First (Primary,) Acute Gastritis. Second (Immediate,)

*Duration of Last Sickness,* Seven days.

All the above information should be furnished by the Physician.

*Place of Burial,* Woodberry Cemetery

*Date of Burial,* Dec 8 1889

*Undertaker,* C H Chase

*Place of Business,* 193 Aisquith St

H. C. Wiegand M.D.
Medical Attendant.

*Address,* 343 Penna. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS

Permit No. 44580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 7 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Smith

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 155 Henrietta st

*Cause of Death,* First, (Primary,) Infl Bronchitis & Bowels

Second, (Immediate,)

*Duration of last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Dec 7 1880

*Undertaker,* S. N. Chase

*Place of Business,* 178 Howard

R. M. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

**Permit No.** 14581 OFFICE OF REGISTRAR OF VITAL ST...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ... *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, ... sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 7 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 5th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents} Mary Smith

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* about 53 *Years,* ... *Months,* ... *Days.*

*Color,* Black *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Wife

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* ...

*Place of Death,* {Give street and number.} 40 Rose St.

*Cause of Death,* First (Primary,) Heart disease

Second (Immediate,) ...

*Duration of Last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* Glenmire Co. Md

*Date of Burial,* Dec 8 1880

*Undertaker,* W H Chase

*Place of Business,* 178 Howard St. *Address* 248 N. Eutaw St.

W. E. Mosely M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1984 Trans —

[OVER.

Permit No. 44582 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Rose.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prussia

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give street and number.} ± 115 West St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Apoplexy;

*Duration of Last Sickness,* about 15 minutes.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Sinai Cemetery

*Date of Burial,* December 8.

*Undertaker,* B. Stahl

*Place of Business,* 82 West St.

A. A. Bell, M.D.,
Medical Attendant.
Coroner Sec Dist
Address, 161 So Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 44583

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Elizabeth Hancock

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 47 *Years,* ..... *Months,* ..... *Days.*

*Color,* European

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* House-Keeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Eisenach [illegible]

*Duration of Residence in the City of Baltimore,* Twenty odd Years

*Place of Death,* {Give street and number} No 170 N. Eutaw St.

*Cause of Death* { First, (Primary,) Pneumonia & Exposure, Asthma &c
Second, (Immediate,) Resulting in Phthisis (rather Abscess)

*Duration of last Sickness,* About two Years and 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Dec. 8th '80

A. J. Ward M. D.
Medical Attendant.

*Undertaker,* Jno. Frazier

*Place of Business,* 280 Canton Ave *Address,* 167 Hanover St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Permit No. 44384 *Office of Registrar of Vital Statistics*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 2nd 5-1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Moore,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 35 yrs ✓

*Place of Death,* {Give street and number.} 237 Montgomery St.

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 8th 1880

*Undertaker,* Geo H. Perkins Jr & Co

*Place of Business,* 130 Lemmetta St. *Address,* 313 Light St.

W. H. Ellis M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL

Permit No. 44385

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurate, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 6 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Green

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* *Years,* 4 *Months,* 19 *Days.*

*Color,* Black

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} 274 N. Dorcas St.

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2½ months at least.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Dec 8 1880

*Undertaker,* Charles F. White

*Place of Business,* 35 Exeter st

T Barton Bruce M. D.
Medical Attendant.

*Address,* 207 Maryland Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14586

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno A. Adams

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Butcher

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 7 Wolfe north of Biddle

*Cause of Death* First, (Primary,) Past Exposure

Second, (Immediate,) Phthisis pulmonalis with heart disease found

*Duration of last Sickness,* sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* St. Mathews Ch.

*Date of Burial,* Dec 8th 1880

*Undertaker,* Henry Hooks

*Place of Business,* 302 N Central

Edmund Rowalker M. D.
~~Medical Attendant.~~

*Address,* Coroners

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4587

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Decr 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Petri

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 Yrs 7 Mos *Years,* *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 210 Sterling St

*Cause of Death,* First, (Primary.) Membranous Croup

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* Twelve (12) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Decemb 9, 1880

*Undertaker,* Henry Hogath

*Place of Business,* 309 Central Ave *Address,*

S. Wilson M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Permit No. 14388 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 8th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew R. Maynard

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Shoemaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland 27 yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} City Hospital

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Dec 8th 1880

*Undertaker,* Chas P Byrne

*Place of Business,* Front St

J H O Brien M.D.,
Medical Attendant.

*Address,* City Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11589

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child of Benj & Elizabeth Ellis

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married, Single~~, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 4 Lee & St

*Cause of Death* {First, (Primary,) —

Second, (Immediate,) Premature birth

*Duration of last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 8th 1880

*Undertaker,* Barney Hale

*Place of Business,* Light St

A. Krepshertz M. D.
Medical Attendant.

*Address,* 11 S Frederick St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimo

Permit No. 14590

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately fu*
*t*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or
*ooner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1880 BALTIMOR

## CERTIFICATE OF DEATH.

*Date of Death,* 12. 6. 82

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliz E. Finch

*~~Sex, Male or Female,~~* {cross out the word not required in this line.}

*Age,* 28 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* 28 Yrs

*Place of Death,* {Give street and number} 469 Lexington

*Cause of Death,* {First, (Primary.) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 6 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Dec 9th 1880

*Undertaker,* Jos. H. Cook

*Place of Business,* No 707 W Baltimore Street

W. W. Beckman M. D.
Medical Attendant.

*Address,* 324 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44591 *Office of Registrar of Vital Statist*

The Physician who attended any person in a last illness is responsible for the presentation of this Certifica*out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de*if requested so to do, under penalty of law.*

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEP. DEC 8 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 7th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Keyser

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 55 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Frederick County Md,

*Duration of Residence in the City of Baltimore,* Twenty years

*Place of Death,* {Give street and number.} # 68 S. Carey St.

*Cause of Death,* First, (Primary.) Congestion of the Lungs

Second, (Immediate.) —

*Duration of Last Sickness,* Twenty four hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Dec 8th 1880

*Undertaker,* Jos B Cobb

*Place of Business,* No 707 W Baltimore Street

[signature] M.D.,
Medical Attendant.

*Address,* # 584 Fayette St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible] and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore

Permit No. 4459 2

OFFICE OF REGISTRAR OF VITAL STA

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Frankheimer

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 5 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 204 Aliceanna St

*Cause of Death* { First, (Primary,) ; Second, (Immediate,) Cynanche Trachealis (Croup)

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Hebrew Cemetery

*Date of Burial,* Dec 9th 1880

*Undertaker,* W. Eilau

*Place of Business,* 101 Gough St

Nicholas L. Dattisell M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 4 4 3 9 3

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 8 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December Sixth

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Mellsey

*Sex,* ~~Male~~ or Female, {Cross out the word not required in this line.}

*Age,* Sixteen *Years,* *Months,* *Days.*

*Color,* Colord *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Sixteen years

*Place of Death,* {Give street and number.} No 112 Orchard St

*Cause of Death,* First (Primary,) 1

Second (Immediate,) Peritonites

*Duration of Last Sickness,* Three Months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters cemetery

*Date of Burial,* Dec. 9th 1880

*Undertaker,* Smith & Son.

*Place of Business,* 99 Lombard St.

L. J. Chatard M. D.
Medical Attendant.

*Address* 84 Mulberry St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

...to the special attention of Physicians is respectfully invited to the...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44594

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 7th 89

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Helmut Simons

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* One *Years,* 6 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 508 W. Fayette St

*Cause of Death,* First, (Primary,) Scarlatina Anginosa - Nephritis

Second, (Immediate,) Pyaemia + Asphyxia

*Duration of last Sickness,* About 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Dec 8th 1889

*Undertaker,* John E. Keough

*Place of Business,*

Robt H. Martin *M. D.*

Medical Attendant.

*Address,* 614 Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 41595

OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* [illegible] the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if [illegible] so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 7th 80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Kurt.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 5 *Months,* 12 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State of country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 35 E. Lombard St.

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Scarlet fever

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician

*Place of Burial,* Balt Cemetary

*Date of Burial,* Decmb 8th 80

*Undertaker,* Chas L Bartell

*Place of Business,* 62½ N. Balto St

H. W. Webner *M. D.*
Medical Attendant.

*Address* 298 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44596

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest Thos Birdsie

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 471 W Lombard St

*Cause of Death* { First, (Primary,) Capillary Bronchitis
Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park cemetery

*Date of Burial,* Dec 9th 1880

*Undertaker,* Jas B Cook

*Place of Business,* No 701 W Baltimore street

W. F. Phillips M. D.
Medical Attendant.

*Address,* 327 N Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4397

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 3 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 7th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie May Reenish

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 1 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 263 Aisquith

*Cause of Death* { First, (Primary,) Convulsions

Second, (Immediate,) Spasm

*Duration of last Sickness,* 1 h

All the above information should be furnished by the Physician.

*Place of Burial,* 5th St Paul Cem'y

*Date of Burial,* Dec 9th

*Undertaker,* H. Enochlich

*Place of Business,* 224 Eastern Av. *Address,* 64 May ..... *M. D.* Medical Attendant.

64 Broadway

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14598

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Swasinger

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 3 *Months,* 1 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 234 Amm st

*Cause of Death,* First, (Primary,) Meningitis (Tubercular)

Second, (Immediate,)

*Duration of last Sickness,* Four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Dec 8th

*Undertaker,* H. Trachslich

*Place of Business,* 244 Eastern Av

Thomas B. Evans M. D.
" Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4599

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, December 6th 1880.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Earl

Sex, Male ~~or Female~~, {cross out the word not required in this line.} Male

Age, 92 Years, ..... Months, ..... Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} 710 S. Charles St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Congestion of Lungs.

Duration of last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem. 2nd ~~Greenmount Cemetery~~

Date of Burial, Dec. 9. 1880 | R. B. Fishburne, M. D. Medical Attendant.

{Undertaker, Armstrong & Denny

{Place of Business, Light & Montgomery Sts. Address, S.E. Cor. Light & Cross. South Balto

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS. [OVER.]

1987 Transcript

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 6th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Lowery

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give street and number} 355 W. Pratt St

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* Dec 8 1880

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Madison St

John Neff M. D.
Medical Attendant.

*Address* S. E. Co. Carrollton & Hanover Aves

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44601

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 8 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James K. Polk Kelley

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 2 *Years,* 6 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} B.C.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 143 Forest St

*Cause of Death* { First, (Primary,) Diptheria
Second, (Immediate,) Septicaemia

*Duration of last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec 8th 1880

Irving Miller M. D.
Medical Attendant.

*Undertaker,* Paul Byrne

*Place of Business,* 63 Front St *Address,* 179 E Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 4/4/1604

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* December 7th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Thorpe.

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 84 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow.

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Somerset Co. Md.

*Duration of Residence in the City of Baltimore,* Over 30 years.

*Place of Death,* {Give street and number} 48 S Eden St.

*Cause of Death* First, (Primary.) Senility.

Second, (Immediate,) Syncope

*Duration of last Sickness,* Nine two or three years.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* Dec 9th 1880

*Undertaker,* C. H. Blizzard

*Place of Business,* Pen ave & Dolph

D. M. Cattell M. D.
Medical Attendant,

*Address,* 2 N Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 44603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 4th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aloeta Hankins

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* ..... *Months,* ..... *Days.*

*Color,* Col

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 63 Penna Ave

*Cause of Death,* First, (Primary.) Cerebro Spinal Meningitis

Second, (Immediate,) .....

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Dec 6 1890

*Undertaker,* E. McClure

*Place of Business,* 43 Howard St

W. W. Smith M. D.
Medical Attendant.

*Address,* 192 Park Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4 7 6 0 5

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Smith

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 30 *Years,* ~~Months,~~ ~~Days.~~

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland 25 yrs

*Duration of Residence in the City of Baltimore,* 19 years

*Place of Death,* {Give street and number.} 245 N. Eden St

*Cause of Death,* First, (Primary.) Phthisis Pulmonal

Second, (Immediate.) Hemorrhage

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Dec 9 1880

*Undertaker,* Jas P. Byrne

*Place of Business,* Fawn St

James A. Steuart M.D.

~~*Medical Attendant.*~~ Dep Health Comm of Health

*Address,* Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. P. Smith

Permit No. 44605

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

*Date of Death,* December 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Moore

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* ..... *Years,* 8 *Months,* 21 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore City.

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number.} 91 Lombard St

*Cause of Death,* First (Primary,) Convulsions,

Second (Immediate,) 9 days.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Leddon park

*Date of Burial,* Dec 10th

*Undertaker,* Mr J. Cook

*Place of Business,* ~~91 S. Lombard St~~ 707 W. Baltimore St.

John L. L. Shaw M.D.
" " "
Medical Attendant.

*Address,* 273 W. Lexington St.

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 8, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Jones

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 6 *Years,* 6 *Months,* — *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 116 S. Stockton St.

*Cause of Death,* First, (Primary,) Tuberculosis

Second, (Immediate,) Meningitis

*Duration of last Sickness,* nearly two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Nov 8 1880

*Undertaker,* William Horigan

*Place of Business,* No 62 East Street

J. Lee Hood M. D.
Medical Attendant.

*Address,* 322 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44607

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 7 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eric McCluskey

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} M

*Occupation,* M

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 98 Richmond

*Cause of Death* First, (Primary,)

Second, (Immediate,) Scarlet fever

*Duration of last Sickness,* Few days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Dec 9th 1880

*Undertaker,* Chas F Sirivin

*Place of Business,* 271 N Eutaw St

Williams M. D.
Medical Attendant.

*Address,* 32 Saratoga

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44608

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Bell

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 79 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Gentleman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 37 Durham st

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Gastro-Enteritis

*Duration of last Sickness,* 4 days

All the above Information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* December 12th 1880

Ridgway Andrè M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 65 S Broadway *Address,* 121 E. Balto st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44609

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 8th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Southerner

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 50 to 55 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Hostler

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} St Marys Co, Md

*Duration of Residence in the City of Baltimore,* 8 Yrs.

*Place of Death,* {Give street and number} 196 Vine St

*Cause of Death* { First, (Primary,) Heart Disease
Second, (Immediate,) Apnoea

*Duration of last Sickness,* about 2 yrs

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Dec 10th 1880

*Undertaker,* Wm N. Smyser

*Place of Business,* East Street

Eugene F. Cordell M. D.
Medical Attendant.

*Address,* 120 N. Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44610 #44610 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 6. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver Gaither

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number.} 212 Sharp St.

*Cause of Death,* First, (Primary.) Typhoid Pneumonia

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Pleasant

*Date of Burial,* Dec 9 1880

*Undertaker,* W. H. Chase

*Place of Business,* 18 Hanover St

W. S. Booze *M.D.,*
Medical Attendant.

*Address,* 210 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 4464 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 8 December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catharine Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 56 *Years,* 7 *Months,* —— *Days.*

*Color,* White *Sex,* Female.

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Mother

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Limerick, Ireland.

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number.} 340 S. Sharp Street

*Cause of Death,* First (Primary,) Probably Embolism

Second (Immediate,) Gangrene of foot

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Alphonsus Cemetery

*Date of Burial,* December 10, 1880

*Undertaker,* Philipp J. Dill

*Place of Business,* 183 Columbia Ave.

Harry L. Byrd M. D.
Medical Attendant.

*Address* 225 W. Lexington Street Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44612

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 1 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 8. 1889.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Black,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 77 *Years,* 8 *Months,* 8 *Days.*

*Color,* Black *Sex,* M

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Cooper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Annapolis, Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 88 Pierce st.

*Cause of Death,* First (Primary,) Senile decay

Second (Immediate,)

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Shark St Cemetery

*Date of Burial,* December 9th 1889

*Undertaker,* Wm Jas Gray

*Place of Business,* 65 W Saratoga st

I. L. Ingle M. D.
Medical Attendant.

*Address* 247 Lawvale st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 47613 #44613 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 8. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis E. Pontair,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 81 *Years,* *Months,* *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 38 S. Bray Row.

*Cause of Death,* First, (Primary.) Old Age.

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Vincent Cemetery

*Date of Burial,* Dec 10th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 46 N. Gay St.

J. W. Houck, M.D.,
Medical Attendant.

*Address,* 75 E. Baltimore St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14614

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

*Date of Death,* Dec 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Lizzie Tell

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 47 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} Lee No. 65

*Cause of Death* { First, (Primary,) Phthisis Pulmonalis
Second, (Immediate,) Neumonia acute

*Duration of last Sickness,* One year

All the above Information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Dec 9th 1880

*Undertaker,* John Mackey

*Place of Business,* Park & Fayette sts *Address,* Cor. Argyle ave & Mosher st

James Bacon M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44615

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Henry Meitzel

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 6 *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number.} 53 Brune st

*Cause of Death,* First (Primary,) Scarlatina

Second (Immediate,) asphyxia

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec, 9th 1880

*Undertaker,* Wm Mackie

*Place of Business,* Park & Fayette

Jas. E. Gibbons M. D.
Medical Attendant.

*Address* 47 Edmondson ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44616 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Blake & Mary E. Price Parents

*Sex, Male* ~~or Female,~~ {Cross out the word not required in this line.}

*Age,* ~~~~ *Years,* ~~~~ *Months,* 2 *Days.*

*Color,* colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 18 Forest St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 9th 1880

*Undertaker,* Wm H. Dunger

*Place of Business,* East St

Jas A. Stewart M.D.

~~Medical Attendant~~ Coroner

*Address,* Health Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. P. Smith

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44617

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible] out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of such person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 9 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lowery

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 6a *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 355 W. Pratt St.

*Cause of Death,* First, (Primary.) Prematurity & Inanition

Second, (Immediate.)

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Dec 9th 1880

John Neff M. D.
Medical Attendant.

*Undertaker,* Mathew Cadigan

*Place of Business,* Mulberry & Penn Sts

*Address,* [illegible]

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44618 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara M. Hertel

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 0 *Months,* 26 *Days.*

*Color,* White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 284 S Dallas St

*Cause of Death,* First, (Primary.) Scalding

Second, (Immediate.)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dr Aisquith Burying

*Date of Burial,* Dec 10th 1880

*Undertaker,* M. Funk

*Place of Business,* 35 Bank St

James A. Stewart M.D.
Commissioner of Health
*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by Geo E. Taylor

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14619

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BALTIMORE DEC 9 1889

## CERTIFICATE OF DEATH.

*Date of Death,* December 7th 1889.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William E. Lloyd

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* (None)

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 194 S. Bethel St.

*Cause of Death* { First, (Primary,) Convulsions
Second, (Immediate,)

*Duration of last Sickness,* Two hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 9th 1889

*Undertaker,* Wm T Locke

*Place of Business,* 76 Jefferson St

Nicholas L. Dashiell M. D.
Medical Attendant.

*Address,* 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16620

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 5th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaiah Robinson

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* None

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* { Give street and number } 2 St James St

*Cause of Death* { First, (Primary,) Bronchitis / Second, (Immediate,) Unknown

*Duration of last Sickness,* 2 weeks Death sudden

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 10th 1880

*Undertaker,* Thos J Lowe

*Place of Business,* 78 S Eutaw St *Address,* Corner Mt P

Edmund R Walker M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44621 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Cousins

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* *Months,* 27 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 11 N. Grad. St.

*Cause of Death,* First, (Primary.) Marasmus.

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Since birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Dec. 10th 80

*Undertaker,* M. Franer

*Place of Business,* 280 Canton Av

C. G. Luck M.D.,
Medical Attendant.

*Address,* Balt. & Gay Sts.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 74022

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 9th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Teresa Eyrand

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Single

*Occupation,* None

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 42 Park St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Cerebritis

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Dec 11th 80

*Undertaker,* W. Frances

*Place of Business,* 280 Central Ave *Address,* 21 [illegible]

*M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44623 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* December 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harlin A Conrad.

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Dorchester Co. Md

*Duration of Residence in the City of Baltimore,* 58 years

*Place of Death,* {Give street and number.} 635 N Limestone St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) "

*Duration of Last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Dec 10th 1880

*Undertaker,* Stewart & Groves

*Place of Business,* Park ave

W. G. Kegeler M.D.,
Medical Attendant.

*Address,* 1 Lafayette Pl & Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 41624 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 9 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Shelton.

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number.} 274 N. Stricker St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) " "

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Dec 10th 1880

*Undertaker,* Stewart & Mowen

*Place of Business,* Park ave

Thomas Opie M.D.,
Medical Attendant.

*Address,* 581 Lexington St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 9 December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Theobes

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* eight *Months,* Two *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} O

*Occupation,* O

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 68 S. High St.

*Cause of Death,* First, (Primary.) Hydrocephalus acutus,

Second, (Immediate,) ____

*Duration of last Sickness,* Most 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Bart. Cem

*Date of Burial,* Dec 12th ?

*Undertaker,* Rau & Bartell

*Place of Business,* 62½ W Balt St

G. Weyse, M. D.
Medical Attendant.

*Address,* 23 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. ~~47~~ 47626 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#47626

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 8/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Allmen

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 20 yrs.

*Place of Death,* {Give street and number.} 126 E. Bond St.

*Cause of Death,* First, (Primary.) Enteritis

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Harrech Creek A. C.

*Date of Burial,* Dec. 10th

*Undertaker,* H. Diffel

*Place of Business,* 21 Bond St. 151

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 47 Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44627 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44627 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Gray

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* 3 *Months,* 14 *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co. Maryland.

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and number.} 279 Hoffman St. Balto.

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Several Years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 11th 1880

*Undertaker,* Andrew Lutz

*Place of Business,* 413 Druid Hill Ave. *Address,*

Chas. P. Smith M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 47628 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

#47628

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gideon Dickenson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 64 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 419 W. Lombard

*Cause of Death,* First, (Primary.) Prostatitis

Second, (Immediate.) & Cystitis

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem.

*Date of Burial,* Dec 10

*Undertaker,* [redacted] Cook

*Place of Business,* 20 West Baltimore

Thomas Opie M.D.,
Medical Attendant.

*Address,* 581 Lee.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44629 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 9. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Singleiu

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 16 Caution St

*Cause of Death,* First, (Primary.) Burn

Second, (Immediate.) Injunct - Morti accidental

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem'y

*Date of Burial,* Dec. 10th

Alexander Insley *M.D.,*
Medical Attendant.

*Undertaker,* Peter Kümmert

*Place of Business,* #317 Mulberry St. *Address,* Corner

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44630

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie C. Helfrich

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 1 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 75 Pierce St.

*Cause of Death,* First, (Primary.) Scarlet Fever

Second, (Immediate.) ~~Dropsy~~ Anasarca Poison

*Duration of last Sickness,* 4 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Athanasius Cemetery

*Date of Burial,* Dec. 11th 1880 | H. F. Hill M. D.

Medical Attendant.

*Undertaker,* Peter Hümmert

*Place of Business,* #317 Mulberry | *Address,* 361 Franklin St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. E. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44631

HEALTH DEPARTMENT DEC 10 BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec' 9/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George L. Landner

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 66 *Years,* 6 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Tinner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and number} Own 112 E. Lombard St

*Cause of Death,* First, (Primary.) Hypertrophie of Prostate gland

Second, (Immediate.) Cystitis

*Duration of last Sickness,* 3 weeks 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 11th of Dezember

G. Liebmann M. D.
Medical Attendant.

*Undertaker,* Michael Funk

*Place of Business,* 35 Bankstr *Address,* 229 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14632

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 10 1880 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Dec: 9th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Estes

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 39 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number} 492 Pratt St

*Cause of Death* {First, (Primary,) Typhoid Fever

Second, (Immediate,) 4 weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Dec 10 1880

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St

Felix Scallan M. D.
Medical Attendant.

*Address,* 2 Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44633 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 10 1880 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* December 9 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Slater Byard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 5 Peach Alley

*Cause of Death,* First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 10th

*Undertaker,* H. Perkins & Co

*Place of Business,* 130 Henrietta St

W. S. Bond *M.D.,*
Medical Attendant.

*Address,* 206 Aisquith St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

State of Maryland, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44634

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

DEC 12 1888 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 8th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Marie-Marguitte Lizzie Lithgow

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* ~~—~~ *Years,* Nine *Months,* 21 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

*Duration of Residence in the City of Baltimore,* Nine months

*Place of Death,* {Give street and number.} 677 Lexington St

*Cause of Death,* {First (Primary,) Pseudo-Membranous

Second (Immediate,) Croup

*Duration of Last Sickness,* about 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Dec 12th

{*Undertaker,* Mitchell & Denny

{*Place of Business,* Cor Carrollton Ave & Fayette St

J. C. Shinnick M. D.
Medical Attendant.

*Address* 41 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44635

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

*Date of Death,* Dec. 9, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C Wolsey

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 11 *Months,* 28 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 99 N. Poppleton St.

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 11 1880

J. W. C. Cuddy. *M. D.*
Medical Attendant.

*Undertaker,*

*Place of Business,* [illegible] Paul St

*Address,* 363 Franklin St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44636

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 9 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Spencer Hunter Jr Jacob Hunter Spencer

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 194 N Broadway

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,) .....

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Bell Cemy

*Date of Burial,* Dec 11 1880

*Undertaker,* Hyde Bro

*Place of Business,* 54 N Broadway

..... *M. D.*
Medical Attendant.

*Address,* 194 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44137 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 7th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel E Griffith

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* He years

*Place of Death,* {Give street and number.} 419 South Charles St

*Cause of Death,* First, (Primary.) Natural

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Friendship Anne Arundel Co. Md.

*Date of Burial,* Dec 11th

*Undertaker,* F. N. Buell

*Place of Business,* 231 Hanover St

J. K. Wiley M.D.,
Medical Attendant.

*Address,* 159 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, ~~age~~ and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transcribed 1989

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4638

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Hollis

*Sex, ~~Male or~~ Female,* {Cross out the words not required in this line.}

*Age,* 6 *Years,* 1 *Months,* — *Days*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} Nr 5 H alley

*Cause of Death,* First (Primary,) Collapse (Supposed)

Second (Immediate,)

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 9th 1880

*Undertaker,* Wm. N. Runge

*Place of Business,* No 62 East St

Chas. M. Nott M.D.
Coroner E.D.
Medical Attendant.

*Address,* 67 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44639 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 44639

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 9th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Andrew O'Neill

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* Forty two Years, Months, Days.

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Oyster Dredger

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* Twelve years

*Place of Death,* { Give street and number. } St. Joseph's Hospital

*Cause of Death,* First, (Primary.) Contusion of Chest

Second, (Immediate.) Phlegmonous Erysipelas

*Duration of Last Sickness,* About ten Days. Time of Accident

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Dec 10th 1880

*Undertaker,* Andrews & Hoodyes

*Place of Business,* No 46 Druid Hill Ave

Chas. L. Goldsmith, M.D.,
Medical Attendant.

*Address,* St. Joseph's Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 46640

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rebecca Dulany Lemmon

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 1 *Months,* 22 *Days.*

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* all her life

*Place of Death,* {Give street and number.} 147 Lanvale St

*Cause of Death,* First (Primary,) Diphtheria

Second (Immediate.) Paralysis of Heart & Albuminuria

*Duration of Last Sickness,* 30 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* 12th Dec. 1880

*Undertaker,* H.W. Jenkins & Son

*Place of Business,* 16 Light st.

S. E. Chew M. D.
Medical Attendant.

*Address* 141 Lanvale st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44644

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 10 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 9th 2 A.M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M Schlegel

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 9 *Years,* 11 *Months,* 6 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~* {cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 169 South Bond St.

*Cause of Death,* First, (Primary.) Diphtheritis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* Two Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemty

*Date of Burial,* Dec 11th

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Av

E. B. Bullock M. D.
Medical Attendant.

*Address,* 57 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Permit No. 44642

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles G. Mitchell

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Five *Years,* One *Months,* *Days.*

*Color,* Colored *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Sandy Springs Md.

*Duration of Residence in the City of Baltimore,* Four months

*Place of Death,* {Give street and number.} 49 St. Mary St.

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,)

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial* Sandy Spring Md.

*Date of Burial,* Dec 11th 1880

*Undertaker,* Wm James Gray

*Place of Business,* 65 Mulberry St

M. T. Purnell M. D.
Medical Attendant.

*Address* 41 Orchard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 44643

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 9 Dec 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Davis Brown

*Sex, Male ~~or Female,~~* {cross out the word not required in this line.}

*Age,* ——— *Years,* 18 *Months,* 10 *Days.*

*Colored*

*~~Married,~~ Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent County

*Duration of Residence in the City of Baltimore,* One Month

*Place of Death,* {Give street and number} No 1 Saulsbury alley

*Cause of Death* {First, (Primary,) Pneumonia

{Second, (Immediate,)

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Dec 10th 1880

S. H. Martin *M. D.*
Medical Attendant.

*Undertaker,* Geo. J. Cook

*Place of Business,* 23 Jefferson st *Address,* 133 E Pratt st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44644 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 9th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bula Stern.

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* , 4 *Months,* *Days.*

*Color,* White

*~~Married, Single,~~ Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bernadin

*Duration of Residence in the City of Baltimore,* 26 Yrs.

*Place of Death,* {Give street and number.} 176 Conway.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) old age.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Ohrb Shalom Cemetary

*Date of Burial,* Dec 12th 1880

*Undertaker,* Wm Eglau

*Place of Business,* 101 Gough

R. J. N. Tall, M.D.,
Medical Attendant.

*Address,* 152 S. Sharp

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44645 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44645 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Cowen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} # 30 Decatur Hall st

*Cause of Death,* First, (Primary.) Marasmus.

Second, (Immediate.)

*Duration of Last Sickness,* Since Birth

All the above Information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* Dec 11th 1880

*Undertaker,* Armstrong & Sons

*Place of Business,* Cor Light & Mont. Sts

D. A. Bell M.D.,

~~Medical Attendant~~ Coroner Dist

*Address,* 161 S. Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44646

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Thursday Dec. 7th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Loughead

*Sex, Male or Female,* { cross out the word not required in this line. } female

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number } 25 Valley St

*Cause of Death,* { First, (Primary,) Apoplexy (Specific) / Second, (Immediate,)

*Duration of last Sickness,* 39 hours

All the above information should be furnished by the Physician.

*Place of Burial* Holy Cross Cemetery

*Date of Burial* Dec 11 1880

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St

Wilson Brittan M. D.
Medical Attendant.

*Address,* 25 ½ Greenmount Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42647 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 9 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie J. White

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* *Years,* 3 *Months,* 3 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 110 - 3 - Clay 1 21

*Cause of Death,* First, (Primary.) Capillaire Bronchitis

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Dec. 11. 1880

*Undertaker,* Charles A. White

*Place of Business,* 36 Granby st

H. C. Mc [illegible] M.D.,

Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 24040 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# 44648

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* December 10th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Rauch

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 27 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Cigar maker

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number. } 829 W Pratt St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

*Duration of Last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* December 12th

*Undertaker,* J. B. Cook

*Place of Business,* 707 W Baltimore St

Jno L Blue M.D.,
Medical Attendant.

*Address,* 16 S Paca

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14649

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate [illegible], to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* 12 mo 10 th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Eblen

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 20 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Nursing Life

*Place of Death,* {Give street and number} 228 Druid Hill Avenue

*Cause of Death,* First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem

*Date of Burial,* Dec 12th 1880

*Undertaker,* M. Leadegan

*Place of Business,* ~

Wm Riley *M. D.*
Medical Attendant.

*Address,* 306 Madison Avenue

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK STEET ▲ F W

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 4 6 5 0

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Healy

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 1 *Months,* 3 Weeks *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All His Life

*Place of Death,* {Give street and number} 141 Forrest Street

*Cause of Death* {First, (Primary,) Enlargement of the Liver

Second, (Immediate,) Fever (?) Weeks

*Duration of last Sickness,* ——

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cem

*Date of Burial,* Dec 11th 1880

*Undertaker,* ——

*Place of Business,* ——

Thomas Shearer *M. D.*
Medical Attendant.

*Address,* 97 E. Chase St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44651

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Nov 15th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo. N. V. Bollman

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ..... *Years,* 10 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. }

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } No 118 Bargeway St

*Cause of Death* { First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore

*Date of Burial,* Dec 15th

*Undertaker,* W. P. Wagner

*Place of Business,* 66 S. Eutaw St

J. C. Burch M. D.
Medical Attendant.

*Address,* 151 N. Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44652

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *securely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Clemens

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} U. S. A.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No 130 Mulliken st

*Cause of Death,* First, (Primary.) Scarlet Fever

Second, (Immediate.) Delirium

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery

*Date of Burial,* Dec 12th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Square

J. D. Lyons Andre M. D.
Medical Attendant.

*Address,* 121 E Balto st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44653

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 11 1888 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 10th Dec 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George D. Schuh

*Sex, Male or Female,* {Cross out the word not required in this line.} male

*Age,* 16 *Years,* 11 *Months,* 10 *Days.*

*Color,* *Sex,*

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* worker in a tin factory

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 507 W Pratt St

*Cause of Death,* First (Primary,) Injured by machinery

Second (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 12th

*Undertaker,* Geo Schilling

*Place of Business,* cor Ashland & Lyman

D H McSherry M. D.
Medical Attendant.

*Address* 120 Bond St Balto

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

#44654

Date of Death, Dec. 10. 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Gregory

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 59 Years, 6 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Housewife

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Talbott co. Md.

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and number.} # 203 N. Bond St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 20 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, December 13th

{Undertaker, Geo Schilling

{Place of Business, Ashland Square

Geo. A. Vastine M.D.,
Medical Attendant.

Address, # 305 N Caroline St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4646 55

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Rachel Wooden

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 88 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Co. Md.

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* {Give street and number} 304 Hanford Ave

*Cause of Death,* First, (Primary,) Infirmity of Age

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 12th

*Undertaker,* Geo Schilling

*Place of Business,* Asland Square

Jno. Brooke Doyle M. D.
Medical Attendant.

*Address,* Hole & Eager Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14656

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Knefely

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 6 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} #8 Stiles st

*Cause of Death* { First, (Primary.) Probably Scarlatina Maligna
Second, (Immediate.)

*Duration of last Sickness,* a day or two

All the above information should be furnished by the Physician.

*Place of Burial,* Green mount

*Date of Burial,* Decbr 11

D W C Hall M. D.
Medical Attendant.

*Undertaker,* Geo W Spence

*Place of Business,* 195 N Eutaw *Address,* 20 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec., 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mark S. Welch

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 57 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Stone Cutter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Fifeshire, Scotland

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} 556 Aisquith st

*Cause of Death* {First, (Primary,) Pluro-Pneumonia
Second, (Immediate,) Cerebral Congestion

*Duration of last Sickness,* 20 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* December 12th

*Undertaker,* W. H. Beckman

*Place of Business,* Gay st

W. B. Billingslea M. D.
Medical Attendant.

*Address,* 256 E. John st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 14668 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 10. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George H Kuig

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 25 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~;* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} Cor Penn & Poplar Lane

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Apoplexy

*Duration of Last Sickness,* 10 Minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* 12th Dec

*Undertaker,* C H Blyang

*Place of Business,* Penn ave

Alexander Tuesley M.D.,
Medical Attendant.

*Address,* Corner

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4659

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Hornick

*Sex, Male or Female,* {Cross out the words not required in this line.} Male

*Age,* 4 *Years,* 1 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Washington D. C.

*Duration of Residence in the City of Baltimore,* 4 Months

*Place of Death,* {Give street and number.} 203 Park Ave

*Cause of Death,* First (Primary,) Scarlatina

Second (Immediate,) & Diphtheritic membrane

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lwell House

*Date of Burial,* Dec. 12

*Undertaker,* Chas J Lemmer

*Place of Business,* 271 N Eden

Tho. S. Latimer, *M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44660

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 10. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hamburg

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 75 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married*, *Single*, *~~Widow or Widower~~*; {Cross out the word not required in this line.}

*Occupation,* Book keeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All his life

*Place of Death,* {Give street and number} 227 Biddle st

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem. *Date of Burial,* December 12th 1880

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St *Address,* 201 Mad. Ave

T. E. Williams M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 24. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER.}

Permit No. 44661 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 44661 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 10.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James alle Court.

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } M

*Age,* 75 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Pedlar

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and number. } 9 May st

*Cause of Death,* First, (Primary.) Sun-Stroke-

Second, (Immediate.) Paralysis of the Brain

*Duration of Last Sickness,* Six hours

All the above information should be furnished by the Physician.

*Place of Burial,* St Patrick's Cemetery

*Date of Burial* Dec 12th 1880

*Undertaker,* Jas C Byrne

*Place of Business,* #63 Front St

J J Flynn Jr. *M.D.,*
Medical Attendant.

*Address,* 163 Orleans

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 24662 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#24662 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 10. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Marshall

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} Wash st & Plum alley

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Congestion of the Brain

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Dec 12th 1880

*Undertaker,* John Machen

*Place of Business,* Record Canden

Thurston Bond & Co. *M.D.,*
Medical Attendant.

*Address,* 146 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44663

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Decbr 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma G Crane

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 33 *Years,* — *Months,* — *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* Formerly Sales woman

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 58 South Green St

*Cause of Death,* {First (Primary,) Consumption (Phthysis)
Second (Immediate,)} Eighteen months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial* Baltimore Cemetery

*Date of Burial,* Decr 12th 1880

{*Undertaker,* John Thacher
*Place of Business,* Park & Fayette

*Address* 289 W Fayette St

E Goverbaugh M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44664

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Decbr 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry D Kontner

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 47 *Years,* 3 *Months,* — *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Merchant Tailor

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany 30 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 16 S. Gilmor cor. of Lombard

*Cause of Death,* First (Primary,) Consumption (Phthysis)
Second (Immediate,)

*Duration of Last Sickness,* about two years

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Dec 13th

*Undertaker,* Henry Brice

*Place of Business,* Pratt No 52 St.

E Goverlock M. D.
Medical Attendant. for about 3 months

*Address* 289 E Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44665

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 11 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 8th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Coughlan

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Coal Shipper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 34 Yrs.

*Place of Death,* {Give street and number} No 62. Corner of Lee & Louden Sts

*Cause of Death* First, (Primary,) Paralysis (General)

Second, (Immediate,) Shock (3) hrs.

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec. 11. 1880

*Undertaker,* M. A. Daigen

*Place of Business,* 94 S. Broadway

A. J. Clark M. D.
Medical Attendant.

*Address,* 237 Lee St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44666 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No. 44666 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

*Date of Death,* Dec 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Coleman

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 36 Years

*Place of Death,* {Give street and number.} 149 Canton Ave

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 1 Year

**All the above information should be furnished by the Physician.**

*Place of Burial,* Mt. Pauls Cemetery

*Date of Burial,* Dec. 11th

*Undertaker,* Wendel Diffel

*Place of Business,* 151 Baltimore St.

Geo. C. Reynolds M.D.,
Medical Attendant.

*Address,* Monument Hospital

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 1867

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 11 1880 BALTIMORE

*Date of Death,* Dec 9th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Allen

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 16 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Electrotyper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 112 N Eden St

*Cause of Death,* First, (Primary.) Accidental fall

Second, (Immediate.) Shock from internal injuries of abdomen

*Duration of Last Sickness,* 9 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Dec. 12. 1880

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Ave.

Edmund R Walker M.D.,
Medical Attendant.

*Address,* 183 Linden

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 11th 8 a.m. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fleming Johnson

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.} Male

*Age,* 52 *Years,* — *Months,* — *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Seven Years

*Place of Death,* {Give street and number} 1 Watters Court

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) —

*Duration of last Sickness,* about 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pub. Cemetery

*Date of Burial,* Dec 12th 1880

E. B. Buford M. D.
Medical Attendant.

*Undertaker,* F. A. Kerchner

*Place of Business,* S. Carroll & Co. *Address,* Howard Free Dispensary 37 N. Green St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44669

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if known, if requested so to do, under penalty of law.

# CERTIFICATE OF DEATH

No Permit for Burial Can be Obtained Without a Proper Certificate.

DEC 12 1880 BALTIMORE

*Date of Death,* Dec 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud V. McCauley

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower.* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 94 E. Pratt or

*Cause of Death,* First, (Primary.) Cerebral Meningitis

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Dec 13th 1880

*Undertaker,* I. & B. Cook

*Place of Business,* W. Balto St

Wm. Van Bibber M.D.,
Medical Attendant.

*Address,* 44 Franklin St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44670

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, December 10th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George R. Swearingen

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 3 Years, 8 Months, 19 Days.

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} No 234 Ann St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) 5 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem'y

Date of Burial, Dec 12th

Undertaker, H. Froehlich

Place of Business, 244 Eastern Ave

Thomas J. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44671 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

DEC 13 1880 BALTIMORE

*Date of Death,* December 10th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Snowden

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 11 *Months,* 10 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} # 107 Wilcox Alley

*Cause of Death,* First, (Primary.) Phthisis.

Second, (Immediate.) Hemoptysis.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 12

*Undertaker,* Hercules Ross

*Place of Business,* 15 Conway St

Dr. Beck M.D.,
Medical Attendant.

Coroner's Dis

*Address,* 161 E. Lang St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44672 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 10 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Schoolheer

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 41 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } married

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt Co City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number. } 22 N Green St

*Cause of Death,* First, (Primary.) Pneumonia —

Second, (Immediate.) Congestion & Oedema of both Lungs

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalum Cemetery

*Date of Burial,* Dec 13 1880

Wm. B. Gude M.D.,
Medical Attendant.

*Undertaker,* Wm Dilon

*Place of Business,* 101 Gough St *Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44673 & 44673 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 11th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Gabe Driesbach

*Sex,* ~~Male~~ or *Female,* { Cross out the word not required in this line. }

*Age,* 27 *Years,* — *Months,* — *Days.*

*Color,* White

*Married,* ~~Single,~~ *Widow or* ~~Widower,~~ { Cross out the word not required in this line. }

*Occupation,* Nurse

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 28 Years

*Place of Death,* { Give street and number. } 20 Forrest Place

*Cause of Death,* First, (Primary.) Bright Disease

Second, (Immediate.) Uraemia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Dec 12 th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

W. Van Ridder M.D., Medical Attendant.

Address, 49 Franklin St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44674

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 11th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dr R. A Payne

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } V

*Occupation,* Physician

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Va

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 665 West Lexington St

*Cause of Death* { First, (Primary,) Chronic Nephritis

Second, (Immediate,)

*Duration of last Sickness,* 4 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* December 13th 1880

Geo H Dyer M. D.
Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St *Address,* 1 Waverley Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. McLANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44675

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 10th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Ahaus

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 5 *Months,* 9 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 13 China Alley near Lee st.

*Cause of Death* { First, (Primary,) Scarlatina (Maligna)
Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 12 4

*Undertaker,* C. A. Pace

*Place of Business,* [illegible]

D. L. Buddenbohn *M. D.*
Medical Attendant.

*Address,* 166 S. Paca st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44676 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEC 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 12th Dec. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Steiner

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 90 Lurst

*Cause of Death,* First, (Primary.) Ek lampsia

Second, (Immediate.)

*Duration of Last Sickness,* ab 6 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Cemetery

*Date of Burial,* 12 Dec. 12. 1880

*Undertaker,* Bernard Lehman

*Place of Business,* 373 S. Bond st

M Kaufmann M.D.,
Medical Attendant.

*Address,* 89 E. Lexington st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44677 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Schuck

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 11 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number.} 264 Lexington

*Cause of Death,* First, (Primary.) Explosion of Range

Second, (Immediate.) Burns & scalding

*Duration of Last Sickness,* 6 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Ohab Shalom

*Date of Burial,* Dec 12th 1880

*Undertaker,* Chas. T. Sexton

*Place of Business,*

E. D. Walker M.D.,
Medical Attendant.

*Address,* Lexington Md

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44678

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, December 11th, 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William Hull

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ Years, 1 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give street and number} #270 S. Caroline St.

Cause of Death, First, (Primary.) Internal Convulsions

Second, (Immediate,) ____

Duration of last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Stead Potters Field

Date of Burial, Decbr 12th 1880

John H. Rehburg M. D.
Medical Attendant.

Undertaker, Peter Freg

Place of Business, 91 Eden Av

Address, # 243 Aliceanna St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 42679 . Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 12 1880 BALTIMORE

*Date of Death,* Dec 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Vetter

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, Three (3) Months, Seven (7) Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Santo City Swiss Parish

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Rear 58 Hollins Monument & Hanover Sts

*Cause of Death,* First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* Six (6) Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* December 13th.

*Undertaker,* John Heuer Jr

*Place of Business,* 382 Orleans St.

J. H. Klein M.D.,
Medical Attendant.

*Address,* S.E. Cor Eutaw & Franklin Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44680

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridgett King

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 45 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 27yrs

*Place of Death,* {Give street and number} City Hospital

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec 12 1880 D. A. Bruhen M. D.

Medical Attendant.

*Undertaker,* Jas P Byrne

*Place of Business,* 13 Hanover St *Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 42481

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 10/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C. Ruckle

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 19 *Years,* 11 *Months,* 26 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Stone-Cutter. (Granite)

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number.} 186 N. Eden St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Hemorrhage.

*Duration of Last Sickness,* 1 Year.

All the above information should be furnished by the Physician.

*Place of Burial,* Penna Brea Cemetery

*Date of Burial,* Dec 12 1880

*Undertaker,* James P Payne

*Place of Business,* No 63 N Front St

Edward P. McDevitt M.D.,

Medical Attendant.

*Address,* 133 S Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-elght hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14684

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Dec 11th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt. D. Thomson (Thompson)

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 62 Years, ____ Months, ____ Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation, Shoe-maker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 62 yrs.

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Paralysis of Lungs

Second, (Immediate,) Exhaustion

Duration of last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Dec 12th 1880

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St.

Wm Pinkard M. D.
Medical Attendant.

Address, City Hospital

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44683 #44683 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 12 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 12 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Wilson

*~~Sex, Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* One *Years,* four *Months,* —— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and number.} 555 W. Baltimore st.

*Cause of Death,* First, (Primary.) Pneumonia from Coal oil

Second, (Immediate.)

*Duration of Last Sickness,* four hours

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Dec 13th 1880

*Undertaker,* Wm B Cook

*Place of Business,* a No 707 N Baltimore Street *Address,* 5 E. W. Fayette st

[illegible] M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16784

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 12 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 10th December 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Leah Catharine Brown

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* ____ *Months,* 14 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 186 Fine St

*Cause of Death,* First, (Primary,) Valvular insufficiency

Second, (Immediate,) Consumption

*Duration of last Sickness,* From birth

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec. 14 1880

*Undertaker,* R. H. Chase

*Place of Business,* 6 K Howard St

H. W. Littell M. D.
Medical Attendant.

*Address,* 425 W. Fayette St

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 14685

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 12 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec. 11. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Murphy.

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 10 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 87 S. Ann St.

*Cause of Death,* First, (Primary.) Laceration

Second, (Immediate.) Cardiac Weakness

*Duration of Last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec. 12. 1880

*Undertaker,* M. A. Dwyer

*Place of Business,* 94 S. Broadway

G. Glanville Kirk M.D.,
Medical Attendant.

*Address,* Balt. & Frank. Sts.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44686 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

# 44686

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 11/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burk

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* } *Years,* ( *Months,* 8 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 91 S. Chapel St.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Thomas's

*Date of Burial,* Dec. 13th 80

*Undertaker,* Jno. Francis

*Place of Business,* 980 Canton Ave

Jno. R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4468

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 12th December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emmeline Kiely

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* W

*~~Married, Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} N. Jersey

*Duration of Residence in the City of Baltimore,* 5 yrs

*Place of Death,* {Give street and number.} 252 S Paca st

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park cemetery

*Date of Burial,* Dec 13 1880

*Undertaker,* Jos B Lewis

*Place of Business,* No 707 W Baltimore street

T. W. Belote M.D.,
Medical Attendant.

*Address,* 57 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 24688

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 13 1880 BALTIMORE, MD.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah W. Batson

*Sex, Male or ~~Female~~* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 16 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 775 W. Lombard St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial,* Dec 13th 1880

*Undertaker,* Jos B Cook

*Place of Business,* No 707 W. Baltimore Street

James Buchy M.D., Medical Attendant.

*Address,* 319 Hillen St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44689

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, when duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEC 13 1880 HEALTH DEPARTMENT BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Mauly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No. 64 E Balto St

*Cause of Death,* First, (Primary.) Cerebro

Second, (Immediate.) Spinal Meningitis

*Duration of Last Sickness,* 2nd Dec

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross

*Date of Burial,* Dec 13th

*Undertaker,* M. Carberry

*Place of Business,* 64 E Balto

J. Miller *M.D.,*
Medical Attendant.

*Address,* 240 Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44690

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HARLAN & HOLLINGSWORTH DEC 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arabella Owens

*Sex, Male or Female,* {Cross out the words not required in this line.} Female

*Age,* 1 *Years,* 8 *Months,* *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 80 Oakd St

*Cause of Death,* First (Primary,) adeno-cellulitis

Second (Immediate,) asphyxia

*Duration of Last Sickness,* 12 days

All the above information should be furnished by the Physician.

*Place of Burial,* Hamsden Baltimore do

*Date of Burial,* Dec 13 th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Thos S Latimer M.D.
Medical Attendant.

*Address,* 187 W. Biddle

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44691

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Dorsey

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* 8 *Days.*

*Color,* Light Brown

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 31 Lee st

*Cause of Death* {First, (Primary,) Scarlet Fever / Second, (Immediate,) Pulmonary Congestion

*Duration of last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Dec 13th 1880

*Undertaker,* Chas I Sexton

*Place of Business,* 271 N Eutaw St

John Dixon M. D.
Medical Attendant.

*Address,* 261 Madison Avenue

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44692 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Daie of Death,* Dec 11th 1880,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. W Blake

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 10 *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 19 Shuter St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis,

Second, (Immediate.) Exhaustion,

*Duration of Last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Monday Dec 13 1880

*Undertaker,* A.O.R. Bandell

*Place of Business,* 524 E. Chase St

J.W. Chambers M.D., M.D.,
Medical Attendant.

*Address,* 221 N. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith E. Freeland

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number} 191 George St.

*Cause of Death* First, (Primary,) Diphtheria.

Second, (Immediate,) Diphtheria.

*Duration of last Sickness,* Six days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Dec 13th

*Undertaker,* Mr Blizzard

*Place of Business,* Penn Ave.

H. P. Morgan *M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44694 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Decr 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Laughlin

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 52 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Howard County Md 30 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 252 N. Central ave

*Cause of Death,* First, (Primary.) Phthisis pulmonalis

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* One (1) year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Md

*Date of Burial,* Dec 13th 1880

*Undertaker,* Henry Hoeck

*Place of Business,* 849 W. Central Av *Address,*

E. W. Gilbert M.D.,
Medical Attendant.

E. Fayette Lawton
Address

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44695

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elsie Cook

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 12 St. James St.

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baurel Cemetary

*Date of Burial,* Decenber 13

*Undertaker,* Abraham Hayman

*Place of Business,* 13 Saratoga st

E. B. Fenby M. D.
Medical Attendant.

*Address,* 319 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44696

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 13 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert C. Bannan

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 62 Ridgely St

*Cause of Death* First, (Primary.) Scarlet fever

Second, (Immediate.)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Dec 13th

L. C. Bruce M. D.
Medical Attendant.

*Undertaker,* B. Harley

*Place of Business,* Hackman *Address,* 151 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44697

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 11th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John C Lange

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

*Age,* 50 *Years,* 10 *Months,* *Days.*

*Color,* white *Sex,* Male

*Married,* ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* Confectioner & Baker

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Saxham Germany

*Duration of Residence in the City of Baltimore,* 48 Years

*Place of Death,* {Give street and number.} 294 S Light St

*Cause of Death,* First (Primary,) Necrosis of Lower Jaw

Second (Immediate,) prostration

*Duration of Last Sickness,* 6 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Germn Luthn Friedhill Park - N W Stevens *M. D.*

*Date of Burial,* Dec. 13th 1880. Medical Attendant.

*Undertaker,* Adam Weidemeyer *Address* 143 N Charles

*Place of Business,* 578 W. Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 47698 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *accurately* if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1888 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12-88

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Davis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* *Months,* *Days.*

*Color,* Wht

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Marriner

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md. -

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give street and number.} 49 Yorkst -

*Cause of Death,* First, (Primary.) Conjestion of Brain

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Dec 13th 1888

*Undertaker,* Armistead

*Place of Business,* 263 Light St

R. H. P. Ellis M.D.

Medical Attendant.

*Address,* 310 Light st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible] cause and date of death, except in cases of births and deaths of illegitimate children. [over]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44699

**The Physician** who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry Hawickhorst

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* 2 *Months,* 14 *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 414 Hanford Ave.

*Cause of Death,* First (Primary,) Scrofula

Second (Immediate,) Pyaemia

*Duration of Last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cemetery A. G. Gralson M. D.
Medical Attendant.

*Date of Burial,* Decem 14, 1880

*Undertaker,* Henry Hoerk

*Place of Business,* 309 Central Ave *Address* 437 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44700 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Decbr 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Hartz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Eighty six (86) *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widower

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany 2 Boy and

*Duration of Residence in the City of Baltimore,* 2 Boy and

*Place of Death,* {Give street and number.} 203 N Eden St Northumberland

*Cause of Death,* First, (Primary.) Senility

Second, (Immediate.) ———

*Duration of Last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* G. Olivet Cem

*Date of Burial,* Dec 14 1880

*Undertaker,* Henry Hook

*Place of Business,* 369 N. Eutaw St

J. Ewell M.D.,
Medical Attendant.

*Address,* 520 Eager Near Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44707 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Plitt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 24 Years.

*Place of Death,* {Give street and number.} 128 West Avenue

*Cause of Death,* First, (Primary.) General Debility 48 hs

Second, (Immediate.) Old age

*Duration of Last Sickness,* Continuous

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* December 14

*Undertaker,* B. Haile

*Place of Business,* 82 West St.

S. A. Bell M.D.,

Medical Attendant.

Coroner So. Dist.

*Address,* 161 So. Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44702 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Nov. 12, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth G. M. Ames

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days.*

*~~Color~~,*

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* ~~Years~~ about 20 years

*Place of Death,* {Give street and number.} Wolfe St near Madison

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of Last Sickness,* 15 days.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 14th/80

*Undertaker,* Leo Schilling

*Place of Business,* Ashland Square

W. W. White, **M.D.,**
**Medical Attendant.**

*Address,* 317 N. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 47795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Upperman

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 57 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Nurse

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all her life except 5 yrs

*Place of Death,* {Give street and number} 184 Mc Henry St

*Cause of Death,* {First, (Primary,) Phthisis Palsy

Second, (Immediate,) 17 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 14th

*Undertaker,* Geo. Blackiston

*Place of Business,* Mc Henry St

Wm B Turner M. D.
Medical Attendant.

*Address,* 78 S Paca St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 24704 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or woman, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* December 11th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hase - Emels

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* 1 *Months,* 3 *Days.*

*Color,* Colored -

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth -

*Place of Death,* {Give street and number.} 242 West St

*Cause of Death,* First, (Primary.) Hooping Cough -

Second, (Immediate.) " "

*Duration of Last Sickness,* about 10 days -

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* December 13

*Undertaker,* Hercules Ross

*Place of Business,* 74 Conway St *Address,* 161 E Baltimore St

[illegible] M.D.,

Medical Attendant.

Coroner's Dis

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 12th; 3:40 A. m.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Dwyer

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 62 *Years,* ~~Months,~~ *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Lady.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Seven years.

*Place of Death,* {Give street and number} 128 S. Fremont St.

*Cause of Death* { First, (Primary,) Cancer of breast.
Second, (Immediate,)

*Duration of last Sickness,* Two years.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brea Cty

*Date of Burial,* Dec 14th 1880

*Undertaker,* John S Thacher

*Place of Business,* Pace & Campbell *Address,* N.E. Cor. Columbia Ave. & Fremont

Patrick Cardin, M. D.
Medical Attendant.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44706

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} George Myers

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 6 *Years,* 9 *Months,* 2 *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 6 yr 9 mo & 2 days

*Place of Death,* {Give street and number.} No 35 Portland St.

*Cause of Death,* First (Primary,) Scarlatina Maligna

Second (Immediate,) Asthenia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laudenpark Cemetery J. Edward Kirby M. D.

Medical Attendant.

*Date of Burial,* Dec 14th 1880

*Undertaker,* Ph. F. Sill. *Address* 24 Columbia Ave

*Place of Business,* 183 Columbia Av.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH DEC 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 12, 11 A.M./80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Ricker

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 40 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Laborer

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Germany Twenty two yrs

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number } 6th S. Canal St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Three weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Paulus Cemetery

*Date of Burial,* Dec 13th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 269 Canton Ave, *Address,* 11 B'k & A Sts

A. Krepsthirtz M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4-1708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Schwigle

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 1 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 73 Eastern Avenue

*Cause of Death* { First, (Primary,) Pertusis

Second, (Immediate,)

*Duration of last Sickness,* About 10 Days - Sick in Bed

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Dec 13th 1880

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St

Jno E Donville M. D.
Medical Attendant.

*Address,* 199 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4ef 709

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1920 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Burgess

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ ~~Months,~~ 30½ hours ~~Days.~~

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number} 5 Maeske St

*Cause of Death* First, (Primary,) Mal-position & tedious delivery

Second, (Immediate,) Spasms

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec. 13th 1880

*Undertaker,* Wm. F. Beitsch Jr.

*Place of Business,* 7 Druid Hill Ave.

Elias le Price M. D.
Medical Attendant.

*Address,* 262 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44710

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 18. 1889,

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma A Hoelkop,

*Sex,* ~~*Male or Female,*~~ {cross out the word not required in this line.}

*Age,* 2 *Years,* 5 *Months,* *Days.*

*Color,* White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* none,

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number} 146 Mulberry St,

*Cause of Death* {First, (Primary,) Pneumonia,

{Second, (Immediate,) Pneumonia,

*Duration of last Sickness,* 3 days,

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetary

*Date of Burial,* Dec 19th

*Undertaker,* Wm Schafer

*Place of Business,* Fremont St

H. P. Morgan M. D.
Medical Attendant.

*Address,* 173 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Permit No. 44711 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Phoebe C Donovan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 6 *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Biddle St

*Cause of Death,* First, (Primary.) Weak heart - 2 days

Second, (Immediate.) Pneumonia -

*Duration of Last Sickness,* Two days confluency - One week sick

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 14th Dec. 1880

*Undertaker,* H.H. Jenkins & Son

*Place of Business,* 16 Light St

Chas C Donovan M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14712

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 11 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Faber

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 15 *Years,* 4 *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Tinner

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } N. W cor Charles & Hamilton

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) Cardiac paralysis

*Duration of last Sickness,* 16 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 14

*Undertaker,* Henry Burke

*Place of Business,* Henrietta 81 81

S Dillehay M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4[illegible]713 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, properly filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 4" 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Butler

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ..... *Years,* ..... *Months,* 13 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ——— ———

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 7 St. James Pl

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Inanition

*Duration of Last Sickness,* all its life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 13" 80

*Undertaker,* Wayman

*Place of Business,* 1 Saratoga St

James A Steuart M.D.,

Health Officer

*Address,* Comm of Health & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Over

Exam'd by D. V. Fitzpatrick

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14714

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mulcahay

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 7 *Months,* 21 *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Nom

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Balt

*Place of Death,* {Give street and number} 24 Valley Street

*Cause of Death,* First, (Primary,) Bronchitis ~~Fever~~

Second, (Immediate,) Unknown natural

*Duration of last Sickness,* Rendered death

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Dec 14 th

*Undertaker,* H. C. Wiedefeld

*Place of Business,* 90 Greenmount Ave

Edmund Walker M. D.
Medical Attendant.

Coroner In P D

*Address,* 183 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44775

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Williams

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 9 *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 9 Philpot alley

*Cause of Death,* First, (Primary.) Abscess in Head

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* all its Life

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balto Cemetery

*Date of Burial,* Dec 13th 1880

*Undertaker,* P. Mullen

*Place of Business,* 6 P. Park ave

James H. Chisholm M.D., Medical Attendant.

Comm of Health & Registrar

Address,

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44716

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE DEC 13 1880

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Matilda Banks

Grie

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 4 months *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balti.

*Duration of Residence in the City of Baltimore,* its life

*Place of Death,* {Give street and number.} Jordan Alley near Biddle St

Pneumonia

*Cause of Death,* {First (Primary,) / Second (Immediate,)}

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician

*Place of Burial,* West Pub. Cemetery

*Date of Burial,* Dec. 13 80

*Undertaker,* F. Kerchner

*Place of Business,* 850 Harrollton Ave

J. L. Lightner M. D.

Medical Attendant.

*Address* Eutaw & Biddle Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 12, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edgar Butler

*Sex, Male or Female,* {Cross out the word not required in this line.} M

*Age,* Years, 5 Months, 12 Days.

*Color,* W *Sex,* M

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 169 Forman St

*Cause of Death,* First (Primary,) Scarlet Fever — Supervalescence.

Second (Immediate,) of Diphtheritic Croup

*Duration of Last Sickness,* Nine Days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Dec 14 1880

*Undertaker,* C F Krause

*Place of Business,* 209 Hanover

Richard McSherry M. D.
Medical Attendant.

*Address* 189 N Howard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Last of My Class — Another took down

Permit No. 44718 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Cunningham

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 3 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* 2 yrs.

*Place of Death,* {Give street and number.} 275 Franklin St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Tuberculous Meningitis

*Duration of Last Sickness,* 2 Months

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Baltimore Cemetery~~ at Catonsville Balto. County

*Date of Burial,* Dec. 14th 1880

Jno. J. Slade M.D.,
Medical Attendant.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St. *Address,* 60 Pace

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46719

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Anna Appleton

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 10 *Years,* 2 *Months,* 4 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 15 Stockton St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart disease

*Duration of last Sickness,* 4 mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Dec 14th 1880

*Undertaker,* Mr Scriven

*Place of Business,* 271 W Eutaw st

C Winslow M. D.
Medical Attendant.

*Address,* 23 N Gilmor

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 47720 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno Jas. Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* 23. Hours Days

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~—~~

*Occupation,* ~~—~~ ~~—~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 374. West St

*Cause of Death,* First, (Primary.) ....

Second, (Immediate.) Asthma

*Duration of Last Sickness,* ....

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park.

*Date of Burial,* Dec 13-1880

*Undertaker,* Wm J Tuckner

*Place of Business,* Eutaw St

J Thos Stan M.D.,

Medical Attendant.

Health Commissioners Registrars

*Address,* ....

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

ext by John E Timanus

KODAK SAFE

Permit No. 44721

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 13 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bancheman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 3 *Months,* ——— *Days.*

*Color,* Light Mulatto

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*~~Occupation~~,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore County

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.) Scrofula

Second, (Immediate.) Tetanus

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Dec 13/880

*Undertaker,* Pat. Mullin

*Place of Business,* 6 S. P. Park and

J. J. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44722.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 11th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edward Johnson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* One *Months,* ..... *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 4 Grimes Ct

*Cause of Death,* First, (Primary,) Gastro-Enteritis

Second, (Immediate,)

*Duration of last Sickness,* all its life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp street

*Date of Burial,* 13 December

*Undertaker,* J Davis

*Place of Business,* 103 Lee street

Julius Hall M. D.
Medical Attendant.

*Address,* Southern Dispensary 77 Hill st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Mears

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 72 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Widower

*Occupation,* Watchman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 76 N Frm

*Cause of Death* First, (Primary,) Carcinoma Faciei

Second, (Immediate,) Cancer of the face

*Duration of last Sickness,* Quite a Long time

All the above information should be furnished by the Physician.

*Place of Burial,* Old Road Mt Carmel

*Date of Burial,* Dec 14 80

*Undertaker,* Fay & Lee

*Place of Business,* 54 N Broadway *Address,* 226 E Balto St

Broadway

Jas E. Smith M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44724 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 11 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Katz

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 33 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} single

*Occupation,* Butcher

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 103 Augusta St.

*Cause of Death,* First, (Primary.) Acute Meningitis

Second, (Immediate.)

*Duration of Last Sickness,* two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Lloyd St Cemetery

*Date of Burial,* Dec 14th 1880

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St

Shaw B Gunsel M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 447/25

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

*Date of Death,* Dec. 12. 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wetherbee

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* / *Years,* *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 120 East St.

*Cause of Death,* First, (Primary.) Infantile Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* 24 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Dec 14th

*Undertaker,* H. Froehlich

*Place of Business,* 232 Eastern Av

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44726 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 13/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick W. Butler

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 37 Burke St.

*Cause of Death,* First, (Primary.) Scarlatina Malign.

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem.

*Date of Burial,* Dec 15th

*Undertaker,* H. Froehlich

*Place of Business,* 244 Eastern Av

C. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46727

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Swasinger

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 3 *Months,* 8 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 234 Ann st

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemty

*Date of Burial,* Dec 13th.

*Undertaker,* H. Frohlich

*Place of Business,* 244 Eastern Av

Thomas P. Evans M. D.
Medical Attendant.

*Address,* 92 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44728

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

*Date of Death,* December 13th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Devanish

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 92 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } asylume of the Little Sisters of the Poor cor John and Valley Streets

*Cause of Death,* First, (Primary.)

Second, (Immediate.) old age Debility

*Duration of Last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cimetery

*Date of Burial,* December 15th 1880

*Undertaker,* Henry Shetteris

*Place of Business,*

Jno. Brooke Boyle M.D.,

Medical Attendant.

*Address,* 166 E Eager St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

#44729 #44729 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Langelack

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 18 *Months,* ..... *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 481 East Monument Street

*Cause of Death,*
First, (Primary.) Catarrh
Second, (Immediate.) Croup

*Duration of Last Sickness,* About two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* December 14.

*Undertaker,* John Henning.

*Place of Business,* 382 Orleans St. *Address,* Broadway & Fleet St.

Milton N. Taylor M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...tificate.

...ltimore,

44730 #44730 *Office of Registrar of Vital Statistics.*

...hysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ...ested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Burnett

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Georgetown D.C

*Duration of Residence in the City of Baltimore,* 10 Years

*Place of Death,* {Give street and number.} N Howard St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Georgetown D.C

*Date of Burial,* Dec 15th 1880

*Undertaker,* Andrews & Rodgers

*Place of Business,* 416 Druid ave

Chas O'Donovan M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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...ertificate.

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44731 * 44731 *Office of Registrar of Vital Statistics.*

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...he Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, ...ested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec" 13, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna E. Howard

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* ~~~ *Months,* 7 *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 139 Hoie St.

*Cause of Death,* First, (Primary.) Thrush

Second, (Immediate.) Lock Jaw.

*Duration of Last Sickness,* 2 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemet

*Date of Burial,* Dec 14-1880.

*Undertaker,* Geo W Perkins

*Place of Business,* ~~~

James A Steuart M.D.,
Medical Attendant

Commissioner of Health

Address, Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Cy Geo E Swann

44732 OFFICE OF REGISTRAR OF VITAL S

...ysician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurat...*
... Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...f requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 13 / 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Millard

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 36 *Years,* ... *Months,* ... *Days.*

*Color,* cal ~~White~~

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.} Single

*Occupation,* Seobant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Annapolis Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 26 Rust court

*Cause of Death,* {First (Primary,) Consumption / Second (Immediate,)}

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 14th 1880

*Undertaker,* Wm J Carey

*Place of Business,* #66 N Gilmor st

Chas W Fuller M. D.
Medical Attendant.

*Address* 166 W Jan St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

OFFICE OF REGISTRAR OF VITAL S...

No. 47733

...Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ...he Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 13

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Eckhardt

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 58 *Years,* 1 *Months,* *Days,*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* about 25 yrs.

*Place of Death,* {Give street and number} 86 Johnson Ave.

*Cause of Death* First, (Primary,) Phthisis

Second, (Immediate,) Pulmonalis

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetry

*Date of Burial,* Dec 16

*Undertaker,* Henry Brice

*Place of Business,* Fayette St 81

J. R. Smith M. D.
Medical Attendant.

*Address,* 10 E Chase St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...oard of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 44734

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank H. Coates

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number} 6 Bartlett Ave

*Cause of Death* First, (Primary,) Convulsions Intemperance

Second, (Immediate,) Uremia

*Duration of last Sickness,* three days

All the above information should be furnished by the Physician.

*Place of Burial,* Fowden, Pack

*Date of Burial,* Dec 15th 1880

*Undertaker,* J. B. Blackiston

*Place of Business,* Cary st 22 9

A. N. Colburn M. D.
Medical Attendant.

*Address,* 343 N. Lanvale st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...k of this certificate.

# Board of Health, City of Baltimore,

...mit No. 44735

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Edith Sweazer

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} U S A

*Duration of Residence in the City of Baltimore,* Infant

*Place of Death,* {Give street and number} No 284 E Madison St

*Cause of Death,* First, (Primary,) Chronic Croup

Second, (Immediate,)

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 15th 80

J Ridgway Brune M. D.
Medical Attendant.

*Undertaker,* Fry & Son

*Place of Business,* 634 W Broadway *Address,* No 120 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...M, J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44736

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Peace

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 68 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Basket Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Utica New York

*Duration of Residence in the City of Baltimore,* 49 years.

*Place of Death,* {Give street and number} 32 Fairmount Avenue

*Cause of Death* {First, (Primary.) Chronic Phthisis
Second, (Immediate.) Coma

*Duration of last Sickness,* Ten days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 14 80

*Undertaker,* Fry & Sis

*Place of Business,* 574 W Broadway

Jno E. Neville M. D.
Medical Attendant.

*Address,* 299 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...k of this certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44737

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 15
1880
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Boyd

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* 9 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 2 Carlton Avenue (3)

*Cause of Death,* First, (Primary.) Dyptheria

Second, (Immediate,)

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 15th 1880

J. H. Wolf M. D.
Medical Attendant.

*Undertaker,* Chas. H. Carr

*Place of Business,* No 707 N Baltimore Street *Address,* 28 Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14738

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Cook

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} McHenry near Payson St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Dec 14 1880

*Undertaker,* Wes B Cook

*Place of Business,* No 707 W Baltimore Street

John Neff M. D.
Medical Attendant.

*Address,* S E Corner Carrollton & Harlem Ave

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44739

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decem 12 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy A. Galloway

*Sex, Male or Female,* {cross out the word not required in this line.} female

*Age,* 43 *Years,* — *Months,* — *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laundress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dont. Know

*Duration of Residence in the City of Baltimore,* Dont Know

*Place of Death,* {Give street and number} 105 Raborg St.

*Cause of Death,* First, (Primary,) Inter. Peritonitis (Proven by post mortem)

Second, (Immediate,) Anhemia

*Duration of last Sickness,* about 4 wks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 14th 80

D. Lovell M. D.
Medical Attendant.

*Undertaker,* Wm N. Lange

*Place of Business,* No 62 East St. *Address,* 143 N. Exeter St.

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44740

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Pendleton

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Salt dealer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 306 Mc H. Donnough St.

*Cause of Death,* First, (Primary,) unknown

Second, (Immediate,)

*Duration of last Sickness,*

All the above Information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 14 December

*Undertaker,* John E Haught

*Place of Business,* 319½ Penn ave

J. H. Christian M. D.
Medical Attendant.

*Address,* 431 Penna. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 4474

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, duly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Isenbrodt (Isenbrodt)

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* 61 *Years,* — *Months,* *Days*

*Color,* W

*~~Married, Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Box Maker

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 177 E Lombard St

*Cause of Death,* {First (Primary,) Intemperance & Exposure / Second (Immediate,)}

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Decbr 14th 80

*Undertaker,* John K Sparrow

*Place of Business,* 571 Hanover St

C Mumford M.D.

Coroner E.D.

~~Medical Attendant.~~

*Address,* 67 E Balto Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14742

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Soloman Travers

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Dorchester Co Md

*Duration of Residence in the City of Baltimore,* Abt 20 yrs

*Place of Death,* {Give street and number} 11 Philpot Ally Bright Dueas

*Cause of Death,* First, (Primary,) ...

Second, (Immediate,) ...

*Duration of last Sickness,* Abt 1 month

All the above information should be furnished by the Physician.

*Place of Burial,* Funnel Cemetery

*Date of Burial,* Dec 14th 1880

*Undertaker,* Theo J Lords

*Place of Business,* 73 Dopeson

Geo. I Kinnemon M. D.
Medical Attendant.

*Address,* 73 E Pratt St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

#4743 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#4743 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 13/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Lee

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* ..... *Days.*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 103 S. Durham

*Cause of Death,* First, (Primary.) Acute Meningitis

Second, (Immediate.)

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St Cemetery

*Date of Burial,* Dec 14th 1880

*Undertaker,* Theo J Yorks

*Place of Business,* 73 Jefferson

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 1193 Baltimore

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gallagher

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 4 *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md.

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* {Give street and number} 41 Laurens St.

*Cause of Death* { First, (Primary,) Diphtheria
Second, (Immediate,) "

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore City

*Date of Burial,* Dec 14

*Undertaker,* C. W. Bryson

*Place of Business,* 207 Pa. ave

D. H. Christian M. D.
Medical Attendant.

*Address,* 431 Penna. ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...re,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

No. 447745

...e Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah V Lambright

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 57 *Years,* ~~Months,~~ ~~Days.~~

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} married

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Delaware

*Duration of Residence in the City of Baltimore,* 36 years

*Place of Death,* {Give street and number.} 368 N Gay St

*Cause of Death,* {First (Primary,) / Second (Immediate,)} mitral insufficiency with Hypertrophy of the heart

*Duration of Last Sickness,* one year

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 15 1880

*Undertaker,* George Schilling

*Place of Business,* Holland Lynan

A Aronsohn M. D.
Medical Attendant.

*Address* 145 Lexington St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 47746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 14. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Clerk

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* 8 *Months,* ——— *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 8 months

*Place of Death,* {Give street and number} 211 Dolphin Street

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) "

*Duration of last Sickness,* 5 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters

*Date of Burial,* Dec 15

*Undertaker,* W. Clark & Bro

*Place of Business,* 64 E Balto

T. B. B. Browne M. D.
Medical Attendant.

*Address,* 307 Madison St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. D. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 13th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Eliel

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 69 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} 13 S. Howard

*Cause of Death,* First, (Primary,) Cancer of Stomach

Second, (Immediate,)

*Duration of last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Chas. Shalom Cem.

*Date of Burial,* December 15th 1900

*Undertaker,* Wm. J. Tickner

*Place of Business,* 65 S. Eutaw

Thos. Sheuer M. D.

A. Stiges M.D. Medical Attendant.

*Address,* 97 N. Charles St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

44748 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#44748 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Soshine Figures Dickson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number.} 234 n Durham St

*Cause of Death,* First, (Primary.) Strangulation probably, as found dying

Second, (Immediate.) in convulsion on face

*Duration of Last Sickness,* sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Dec 15 80

*Undertaker,* Abraham Hayman

*Place of Business,* 13 Saratoga St

Edmund R Walker M.D.,
Medical Attendant.

*Address,* Coroners P D

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4749

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Sneed

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 21 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* Laborer

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number} No 8 Leiffman's Court

*Cause of Death,* First, (Primary,) Acute Gastritis

Second, (Immediate,) Exaustion

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Dec 14 1880

*Undertaker,* Abraham Wayman

*Place of Business,* 13 Saratoga

F. B. Dudley M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

44750 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

* 44750

# CERTIFICATE OF DEATH.

*Date of Death,* December 14th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Son of William Nordan (Father)

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ——— *Years,* ——— *Months,* 15 Minutes *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* { Give street and number. } 40 Washington Road

*Cause of Death,* { First, (Primary.) Natural Causes

Second, (Immediate.) ———

~~*Duration of Last Sickness,*~~ N.B. Was called to this case but child was born & died before I arrived & a Nurse was present

**All the above information should be furnished by the Physician.**

*Place of Burial,* London Park Cemetery

*Date of Burial,* Dec 15th 1880

*Undertaker,* William Nordan

*Place of Business,* 40 Washington Rd

Jno D Blake M.D.,
Medical Attendant.

*Address,* 168, E Pratt St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 11th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alphonso Tyler

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* Ten *Years,* Nine *Months,* Eight *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co. Balto Cy. Md.

*Duration of Residence in the City of Baltimore,* during her whole life

*Place of Death,* {Give street and number} 708 Saratoga St

*Cause of Death,* First, (Primary,) Phthisis

Second, (Immediate,) Insanition

*Duration of last Sickness,* Two Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 14th 1880

D. A. Thornton M. D.
Medical Attendant.

*Undertaker,* Wm N. Dunger

*Place of Business,* No 62 East St *Address,* 9 Edmondson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

44752

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No. 44752 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* December 12. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Hackett

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number.} 10 Peach Alley

*Cause of Death,* First, (Primary.) Inflammation of Bowels

Second, (Immediate.) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec. 14th 1880

*Undertaker,* Saml H. Chase

*Place of Business,* 198 S. Howard St.

W. S. Bunce M.D.,
Medical Attendant.

*Address,* 206 Stirling St.

HEALTH DEPARTMENT DEC 14-1 1880 BALTIMORE

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

#4753 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tasker

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* 3 5 *Years,* *Months,* *Days.*

*Color,* Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

*Occupation,* House servant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Frederick Md

*Duration of Residence in the City of Baltimore,* 17 years

*Place of Death,* {Give street and number.} 181 N Charles. Res 287 N Bdle

*Cause of Death,* First, (Primary.) Threw herself from window of burning house

Second, (Immediate.) Fracture of Pelvis

*Duration of Last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* General Cemetery

*Date of Burial,* Dec 14th 1880

*Undertaker,* Saml H. Chase

*Place of Business,* 173 S. Howard

Edwd F Walker M.D.,
Medical Attendant.

*Address,* Corner M & S

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4479574 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Moore

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 7 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 77 Harmony Lane

*Cause of Death,* First, (Primary.) Scarlatina — left with

Second, (Immediate.) Bronchial affection

*Duration of Last Sickness,* 4 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem

*Date of Burial,* Dec 15th 1880

*Undertaker,* John C. Jordan

*Place of Business,* Park ave

James Kleinz M.D.,

~~Medical Attendant~~

Comm of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Jas. V. Fitzpatrick

Permit No. 44755 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, fully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or after if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 14/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy L. Whitney

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~one~~ *Years,* ~~one~~ *Months,* 21 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 423 Lexington St

*Cause of Death,* First, (Primary.) Bronchial Catarrh

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Dec 15

*Undertaker,* J. B. Cook

*Place of Business,* 707 Wilt Baltimore *Address,* 581 Lexington St

Thomas O'Brien M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Permit No. 44756

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 14th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Arnold

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 74 *Years,* *Months,* *Days.*

*Color,* (white)

*~~Married, Single~~, Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* One year

*Place of Death,* {Give street and number.} No 107 N Eutaw St

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Three years

All the above information should be furnished by the Physician.

*Place of Burial,* New York

*Date of Burial,* Dec 16th 1880

*Undertaker,* Jos B. Cook

*Place of Business,* No 707 W Baltimore Street

Saml. T. Powell *M.D.,*

Medical Attendant.

*Address,* No 29 [illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

1993 Lanvale

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 14 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino. T. Moore

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 1 *Months,* 26 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 20 Hill st

*Cause of Death,* First, (Primary,) Diphtheria Trachealis

Second, (Immediate,)

*Duration of last Sickness,* Ten or Twelve day

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Dec 15th 1880

Geo. W. Benson M. D.
Medical Attendant.

*Undertaker,* C F Krauss

*Place of Business,*

*Address,* 144 Hanover St City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44758 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

BOARD OF HEALTH DEC 14 1880 BALTIMORE

*Date of Death,* Dec 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Flaugherty

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tinner

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Martinsburg Va

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* {Give street and number.} Frederick Ave.

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.)

*Duration of Last Sickness,* 6 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 15th 1880

*Undertaker,* J. P. Paulus

*Place of Business,* 66 Frederick Ave

Louis C. Horn M.D.,
Medical Attendant.

*Address,* 226 Mulberry

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 46759

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boyce

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Boy

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number} 141 Ridgely Street

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,) debility

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec. 15th 1880

J. R. Ashles M. D.
Medical Attendant.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St. *Address,* 234 W. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44760 OFFICE OF REGISTRAR OF VITAL

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Augustine

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ~~Years~~ day ~~Months,~~ 10 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Ar & Walker Sts

*Cause of Death,* {First (Primary,) / Second (Immediate,)} Premature birth

*Duration of Last Sickness,* ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetry

*Date of Burial,* Dec. 15th 1880

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St.

L. E. Farnum M. D.
Medical Attendant.

*Address* 66 N. Green St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 13 3 o'c P.M. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Otto

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* 11 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 307 N. Bond St.

*Cause of Death* First, (Primary,) Diptheria

Second, (Immediate,)

*Duration of last Sickness,* 8 Days. Called on Saturday Dec 11th

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* December 15

*Undertaker,* John Hennig.

*Place of Business,* 382 Orleans St.

Geo. E. Dennis M. D.
Medical Attendant.

*Address,* 297 E Baltimore St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 44762

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HALTIMORE & OHIO R.R. DEC 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Roney

*Sex, Male or Female,* {Cross out the words not required in this line.}

*Age,* 4 2 *Years,* *Months,* *Days*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* Storekeeper

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balto Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 2005 Ann St

*Cause of Death,* {First (Primary,) 2 Apoplexy / Second (Immediate,) 3 Sudden Death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec. 1880

*Undertaker,* Fry & Son

*Place of Business,* 54 N. Broadway

C. Mullett M.D.
Coroner E.D.
Medical Attendant

*Address,* 67 E. Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 44763 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* December 14 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph E Ramsey

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 66 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Cecil Co. Md

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and number.} 126. Mc Elderry St.

*Cause of Death,* First, (Primary.) Cerebral Softening

Second, (Immediate.) Cerebral Hemorrhage.

*Duration of Last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* Friends Cem. Hartford Rd

*Date of Burial,* Dec. - 1880

*Undertaker,* Frey & Bro.

*Place of Business,* 54 N. Broadway.

G. F. Taylor M.D.,
Medical Attendant.

*Address,* 222 N Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44764 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

DEPARTMENT DEC 15 1890 BALTIMORE

*Date of Death,* December 14, 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Mesh

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 9 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 112 Hamilton

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diphtheria 6 days

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 16

*Undertaker,* Henry Brice

*Place of Business,* ~~Henry Brice~~ Hamilton St 81

Sheldon Leeke M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Rhoades

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 70 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Scotland

*Duration of Residence in the City of Baltimore,* 45 years

*Place of Death,* {Give street and number} 31 Camden

*Cause of Death,* First, (Primary,) Paralysis

Second, (Immediate,) Complicated Affection

*Duration of last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cemetery

*Date of Burial,* 16th Dec. 1880

*Undertaker,* H.W. Jenkins & Son

*Place of Business,* 16 Light St.

J. H. Litchfield M. D.
Medical Attendant.

*Address,* 121 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 14766

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 14 December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} William Newton Byrd

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 9 *Months,* ..... *Days.*

*Color,* White, *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Norfolk Virginia.

*Duration of Residence in the City of Baltimore,* Eight Months.

*Place of Death,* {Give street and number.} 225 N. Gilmor Street

*Cause of Death,* First (Primary,) Diphtheria Croup

Second (Immediate,) Do Do.

*Duration of Last Sickness,* 15 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Dec 15th 1880

*Undertaker,* Andrews & Hodges

*Place of Business,* 140 Druid Hill Ave

Harry L. Byrd M. D.
Medical Attendant.

*Address* 225 N. Gilmor Street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 44767

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. T. Pearce

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 9 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 413 E. Chase St

*Cause of Death,*
First, (Primary.)
Second, (Immediate.) Convulsions

*Duration of Last Sickness,* all its life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Dec 15th 1880

*Undertaker,* Fred Gaede

*Place of Business,* ———

I Thos H Buckler M.D.,
Medical Attendant.

*Address,* Comm'r of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined T. F. Fitzpatrick

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44768

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 80,

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Miles Authors

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 10 *Months,* 15 *Days.*

*Color,*

*~~Married~~, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 9 months

*Place of Death,* {Give street and number.} 147 Scott St.

*Cause of Death,* First (Primary,) Scarlet fever

Second (Immediate,) Diphtheria

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Dibsburg P.A.

*Date of Burial,* Dec 16th 1880

*Undertaker,* John Mocher

*Place of Business,* Pac & Camden

H. W. Weber *M. D.*
Medical Attendant.

*Address* 298 W. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Transit 1994

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44769

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Scheiberin

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* four *Years,* one *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 94 Aisquith st

*Cause of Death,* First, (Primary,) Phthisis pulm.

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* four months

All the above information should be furnished by the Physician.

*Place of Burial,* New Methodist Cemetery

*Date of Burial,* Dec 15th 1880

*Undertaker,* Casper Eckhardt

*Place of Business,* 269 Canton Ave

L C Fintermit M. D.
Medical Attendant.

*Address,* 12 S. Ida st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44770

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~[illegible]~~ Dec 14 1880

*Full Names of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas James Dubb

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Fisherman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 45 Years

*Place of Death,* {Give street and number} 17 Hanes Alley Canton

*Cause of Death* {First, (Primary,) Phthisis

Second, (Immediate,) No

Duration of last Sickness, 2 Years

• All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Dec 16th 1880

*Undertaker,* Caspar Eckhardt

*Place of Business,* 169 Canton Ave

E W Denney M. D.
Medical Attendant.

*Address,* Boston & Patterson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 15 1930 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Dec 14. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Louise Kemper (Kempe)

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* Years, — Months, — Days.

*Color,* =80= Sex, white

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Housekeeping

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 29 years.

*Place of Death,* {Give street and number.} E. Eager st. 376.

*Cause of Death,* First (Primary,) old age

Second (Immediate,) Inflamation of the lungs

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimor Cemetery

*Date of Burial,* Dec 16. 1880.

*Undertaker,* Adam Fink

*Place of Business,* 461 W. Jay. St. *Address*

C. H. Fick M. D.
Medical Attendant.
W. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4-1772

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 15 1869 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14 1869

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Orrick

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 68 *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 68 Years

*Place of Death,* {Give street and number.} 226 Druid Hill Ave

*Cause of Death,* First (Primary,) Heart Disease

Second (Immediate,)

*Duration of Last Sickness,* 5 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery G F Adams M. D.

Medical Attendant.

*Date of Burial,* Dec 17

*Undertaker,* G W Blizzard *Address* 215 Druid Hill Ave

*Place of Business,* 201 Penn

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 14773

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 13th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen McKenna

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 65 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married, Single,~~ Widow ~~or Widower~~,* { Cross out the word not required in this line. } ✓

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland 40 years

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and number. } 20 Valley St

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Dec 16th 1880

*Undertaker,* James P. Byrne

*Place of Business,* ———

John A Clark M.D.,

~~Medical Attendant~~ County Health

*Address,* Officer Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Jos P Smith

# Board of Health, City of Baltimore,

Permit No. 44774 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 13. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mealy

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 10 *Months,* 21 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 71 Lexington St

*Cause of Death,* First, (Primary.) Dropsy

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* December 16th

W. S. Bange *M.D.,*
Medical Attendant.

*Undertaker,* P. H. Perkins proc

*Place of Business,* 130 Hanover st *Address,* 206 Sharp st

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44775 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

*Date of Death,* December 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. G. Morgan

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 69 *Years,* — *Months,* — *Days.*

*Color,* white.

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia —

*Duration of Residence in the City of Baltimore,* 2 weeks

*Place of Death,* {Give street and number.} N° 396 N. Charles St

*Cause of Death,* First, (Primary.) Morbus Brightii:

Second, (Immediate.) Uraemia

*Duration of Last Sickness,* 2 years

All the above Information should be furnished by the Physician.

*Place of Burial,* Richmond Va

*Date of Burial,* from Bulls Dec° 15/80

*Undertaker,* R Bennett Jun.

*Place of Business,* 92 N Howard St

Henry Taber M.D.,
Medical Attendant.

*Address,* 163 W Lombard St

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transcript 1995

No. 11477 6

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

*Permit No.* 44476

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 14th Dec 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M Dietzel

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5 2 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cooper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number} 81 Brown St

*Cause of Death,* First, (Primary,) Pulmony Consumption

Second, (Immediate,)

*Duration of last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster Cemetery

*Date of Burial,* December 16th

*Undertaker,* B. Hurle

*Place of Business,* 82 West St

Augustus M Dodge M. D.
Medical Attendant.

*Address,* 257 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

# Board of Health, City of Baltimore,

Permit No. 44977

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 14/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dunphy

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 2 *Months,* 7 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 160 S. Eden St.

*Cause of Death,* First, (Primary.) Membranous Croup

Second, (Immediate.)

*Duration of Last Sickness,* 24 hrs.

**All the above information should be furnished by the Physician.**

*Place of Burial,* Holy Cross Cem

*Date of Burial,* Dec 16th 1880

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St

E. W. Mayfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44978

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Quirk

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.} Male

*Age,* 46 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 16 Years

*Place of Death,* {Give street and number} 93 S. Spring St

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Apoplexy

*Duration of last Sickness,* 5 Hours

**All the above information should be furnished by the Physician.**

*Place of Burial,* Holy Cross

*Date of Burial,* December 16th

*Undertaker,* M. Dunks

*Place of Business,* 35 Banks

P. G. Jennings M. D.
Medical Attendant.

*Address,* Cor Bdwy & Fleet

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

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[OV

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14779

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Hard

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Child

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 95 South Spring St

*Cause of Death* { First, (Primary,) Eating dried beans, producing Intestinal irritation
, Second, (Immediate,) Rupture Meningitis

*Duration of last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Dec 16" 1880

*Undertaker,* James R. Bryan

*Place of Business,* Front St

A. Thurston M. D.
Medical Attendant.

W. C. M. Moffett
69 E Balto St

*Address,* 11 S. High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

No. 44780

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

HEALTH DEPARTMENT DEC 15TH 1880 BALTIMORE

Permit No. 44780

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Dec - 14 th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Diggs

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, 12 Years, ____ Months, ____ Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation, Waiter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 2 months

Place of Death, {Give street and number} City Hospital

Cause of Death, First, (Primary,) Fracture of Skull

Second, (Immediate,) Compression

Duration of last Sickness, 3 days -

All the above information should be furnished by the Physician.

Place of Burial, Balt co md.

Date of Burial, Dec 15th 1880

F B. Dudley M. D.
Medical Attendant.

Undertaker, Wm J Gorry

Place of Business, 66 Mullen St

Address, City Hospital

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore.

Permit No. 14781

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Leary

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 50 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* House Carpenter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Co. Wexford Ireland

*Duration of Residence in the City of Baltimore,* twenty eight years

*Place of Death,* {Give street and number.} N. W. Cor. N. Paul & Hamilton Sts

*Cause of Death,* First, (Primary.) Consumption of the Lungs

Second, (Immediate.)

*Duration of Last Sickness,* I made three visits to the house Returned 7th & 11th inst.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* 16 December

John F. Monnemann M.D.,
Medical Attendant.

*Undertaker,* Matthew Cadogan

*Place of Business,* 227 Mulberry St *Address,* Same as Residence

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44782

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15TH 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Obvender

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* ~~19~~ *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* tinner

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 6

*Place of Death,* {Give street and number} 213 s Bond street

*Cause of Death* { First, (Primary,) Consumption
, { Second, (Immediate,)

*Duration of last Sickness,* 6 months

**All the above Information should be furnished by the Physician.**

*Place of Burial,* 1st Evangelic Cemetery

*Date of Burial,* Dec 17 1880

*Undertaker,* Henry Sewell

*Place of Business,* 252 Canton Av

J. J. Litzer M. D.
Medical Attendant.

*Address,* 160 Saratoga street

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 64783

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 15. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Butcher

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 0 *Years,* *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* 10 days

*Place of Death,* { Give street and number } Little Ensor St (Corner of Chase St)

*Cause of Death,* { First, (Primary,) Trismus Nascentium, / Second, (Immediate,) Convulsions

*Duration of last Sickness,* From Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec 15th

*Undertaker,* H. O. Weidefeller

*Place of Business,* 9 & Greenmount Ave

John N. Conard M. D.
Medical Attendant.

*Address,* 318 Aisquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...nish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set-...ng forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per-...on deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 44784 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

*Date of Death,* Dec 15-1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Kaddeen

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* —— *Months,* *Days.*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Hessen, Germany.

*Duration of Residence in the City of Baltimore,* 29 Yrs.

*Place of Death,* {Give street and number.} 375 Light St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diagnosis. Carcinoma of Liver.

*Duration of Last Sickness,* two or three years.

All the above information should be furnished by the Physician.

*Place of Burial,* Edenstr. Congregation Cemetery

*Date of Burial,* December 16.

*Undertaker,* B. Glässle

*Place of Business,* 62 West St.

R. J. N. Tate M.D.,
Medical Attendant.

*Address,* 152 Sharp St.

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 14785

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 13 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Isaiah Thompson

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 7 *Days.*

*Color,* Colored *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 13 Carlton St

*Cause of Death,* First (Primary,) Scarlet Fever

Second (Immediate,) Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lionel Cemetery

*Date of Burial,* Dec 15 1880

*Undertaker,* William Lingo

*Place of Business,* No 62 East Street *Address* 498 W Fayette St

J W Correll M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14786

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 13. 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stella

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ..... *Years,* 1 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md Maternity

*Duration of Residence in the City of Baltimore,* 2 a. tuition 10 days

*Place of Death,* {Give street and number} St Vincent Infant Asylum

*Cause of Death* { First, (Primary,) Congenital Syphilis
Second, (Immediate,) asthenia

*Duration of last Sickness,* When admitted

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 15 1889

*Undertaker,* J. E. Bramble

*Place of Business,* 132 Division St.

Washington Bowers *M. D.*
Medical Attendant.

*Address,* 52 Pine

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44787

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Stenner

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 8 *Years,* 4 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Bleecker Court No 5

*Cause of Death,* First, (Primary,) Insanitation

Second, (Immediate,) Exhaustion of Lungs

*Duration of last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park Cemetery

*Date of Burial,* December 16th 1880 E. C. Baldwin M. D.
Medical Attendant.

*Undertaker,* D. H. Myer Jun'r

*Place of Business,* 12 ½ Bacon st *Address,* 124 n Eutaw

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 44788

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 16H 1880 BALTIMORE

*Date of Death,* Dec. 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Agatha Autos

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 4 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} Wolf & Lancaster Sts

*Cause of Death,* First, (Primary.) Croup

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Athanasius Cem.

*Date of Burial,* Dec. 15th

*Undertaker,* H. Diffel

*Place of Business,* 21 Bond St. 151

James T. H. Shaw M.D.,
Medical Attendant.

*Address,* 61 Lombard

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 44789

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice G. Taylor

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* 21 *Years,* 6 *Months,* 15 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Farmer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 49 Holland Street

*Cause of Death,* First, (Primary.) Uncertain

Second, (Immediate.) Strangulation of the bowels

*Duration of Last Sickness,* About five days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 16th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 46 N. Gay St

Milton A. Taylor M.D.,
**Medical Attendant.**

*Address,* Mr Calvary & Fayette

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4790

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Hogan

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* 10 *Years,* ..... *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since Born

*Place of Death,* {Give street and number} 20 Conaway st

*Cause of Death* First, (Primary,) Enteric fever

Second, (Immediate,) .....

*Duration of last Sickness,* 23 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Dec 16th 1880

*Undertaker,* Henry W. Mears

*Place of Business,* 45 N. Gay St

P. G. Gaud M. D.
Medical Attendant.

*Address,* 27 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44791

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 15. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Keck

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Twenty Four *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} No. 330 Aliceanna St

*Cause of Death,* First, (Primary,) ———

Second, (Immediate,) Heart Disease

*Duration of last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Lutheran Cemetery in Druid Hill Park

*Date of Burial,* Dec 17 80

Wm H Henderson M. D.
Medical Attendant.

*Undertaker,* Fry & Bro

*Place of Business,* 848 Broadway

*Address,* No. 102 N Dundas

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44792

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 14 December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Bidroff

*Sex, Male or Female,* {Cross out the words not required in this line.} female

*Age,* 57 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widow

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany – 26 years in U.S. –

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number.} Eastern Avenue 150

*Cause of Death,* First (Primary,) Cancer

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 2 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* 16 December

*Undertaker,* W. Tippet

*Place of Business,* 57 S Bond St.

A F Reinhard M.D.
Medical Attendant.

*Address,* 224 West Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44795

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Divine

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 144 W. Baltimore

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlatina 4 Days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemy

*Date of Burial,* Dec 16th

*Undertaker,* H. Froehlich

*Place of Business,* 234 Eastern Av

D. Gilbert M.D.,

Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44794

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT
DEC
16
1880
BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* 15th Dec 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Barnes

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 17 *Years,* 11 *Months,* 15 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Waiter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 25 Lancaster

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.) Peritonitis

*Duration of Last Sickness,* Three Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Dec 16th

*Undertaker,* H. Froehlich

*Place of Business,* 244 Eastern Av

*M.D.,*
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44795

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 13th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ledgerwick

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* One *Years,* Six *Months,* *Days.*

*Color,* Woman

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Six Months

*Place of Death,* {Give street and number.} 578 St Paul St

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters' Cem

*Date of Burial,* Dec 16th 1880

*Undertaker,* Pat Mullin

*Place of Business,* S. P. Park ave

T. F. Wiseman M.D.,
Medical Attendant.

*Address,* 127 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44796 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 15TH 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 13-1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marion Mey Wright

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Three *Years,* Seven *Months,* Twenty-four *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 95 N Charles St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlet Fever

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Catholic Cemetery

*Date of Burial,* Dec 16th 1880

*Undertaker,* Robt Merrick Son

*Place of Business,* 92 Hanover St

D. G. Richardson M.D.,
Medical Attendant.

*Address,* 87 Mulberry St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 14479

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14797

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses W. Smith

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 4 *Months,* 14 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 4½ months.

*Place of Death,* {Give street and number} * 18 New Lebanon St.

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Asphyxia.

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 16 1880

*Undertaker,* B. Wehrman

*Place of Business,* 19 Howard St

James A. Bruin M. D.
Medical Attendant.

*Address,* *110 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...Y & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44798

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 13 December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brown

*Sex, Male or Female,* {Cross out the words not required in this line.} male

*Age,* — *Years,* — *Months,* 8 *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Roxbury To 17

*Cause of Death,* {First (Primary,) Trismus & Tetanus

Second (Immediate,)

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Dec 16 1880

*Undertaker,* J Whitacre

*Place of Business,* 198 Hanover st

L E Steinhauer M.D.
Medical Attendant.

*Address,* 224 West Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14799

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Kelly

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Fifty-five *Years,* —— *Months,* —— *Days.*

*Color,* Brown

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. County

*Duration of Residence in the City of Baltimore,* Fifteen Years

*Place of Death,* {Give street and number} No. 20 Biddle ally

*Cause of Death* {First, (Primary,) Dropsey
Second, (Immediate,) Paralysis

*Duration of last Sickness,* Three months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Dec 17 1880

*Undertaker,* S. Wilhaus

*Place of Business,* 198 Howard St

J. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44800

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 15 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel L Smith

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 78 *Years,* ..... *Months,* ..... *Days.*

*Color,* Colored

*~~Married~~, ~~Single~~, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Cooper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Worcester Co. Md.

*Duration of Residence in the City of Baltimore,* 50 years

*Place of Death,* {Give street and number} 375 East St

*Cause of Death* {First, (Primary,) Cystitis
Second, (Immediate,) Uremia

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Old Mt Olivet~~ Mount Auburn

*Date of Burial,* Dec. 17 1880

*Undertaker,* C. W. Chase

*Place of Business,* 12 Saratoga

R. N. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 44801 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* December 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hamilton

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* Years, 4 Months, 1 Days. 7

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt" City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 135 Eisler St

*Cause of Death,* First, (Primary.) Convulsions

Second, (Immediate.) "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore C.D

*Date of Burial,* Dec 17 1880

*Undertaker,* D. W. Chase

*Place of Business,* 92 Howard

Had no Physician in attendance

L. A. Bell M.D.,

Coroner 3d Dist

*Address,* 161 So Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46802

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie M Wright

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 6 *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 39 Wyeth St

*Cause of Death* { First, (Primary,) Inflammation of Brain
, Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Dec 18 80

{ *Undertaker,* Southard Degen
*Place of Business,* No 263 E Fayette

J H Lamm *M. D.*
Medical Attendant.

*Address,* 76 Lee St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Bowen

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 88 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Fredericktown

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and number} 42 Lexington St

*Cause of Death* { First, (Primary,) old age
Second, (Immediate,)

*Duration of last Sickness,* Ten years

All the above information should be furnished by the Physician.

*Place of Burial,* Father Lyman's Garrettown Cemetery

*Date of Burial,* Dec 17 1880

*Undertaker,* John L. Gonce

*Place of Business,* 1263 Pratt St

Felix Lenkin M. D.
Medical Attendant.

*Address,*

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 44804

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Dec 14 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Lawson

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* Two — *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} No 8 Walnut Alley

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Broncho-Pneumonia

*Duration of Last Sickness,* Under 2 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Louden Park cemetery

*Date of Burial,* Dec 16th 1880

*Undertaker,* Jas S. Cook

*Place of Business,* No 707 W. Baltimore street

D. H. Linden M.D.,

**Medical Attendant.**

*Address,* 89 Mulberry St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44805

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 12th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Philby Addison Riley (Parents)

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* — *Years,* — *Months,* 18 *Days.*

*Color,* col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } # 2 Parrish St. Court

*Cause of Death,* First, (Primary.) Premature birth

Second, (Immediate.) Cyanosis

*Duration of Last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* W. P. County

*Date of Burial,* Dec 16th 1880

*Undertaker,* F. A. Kerchner

*Place of Business,* 50 S. Carroll [redacted] *Address,* Commissioner of Health

[redacted] M.D.,

Registrar

**Extract from Regulations of the Board of Health to Secure [illegible] and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Examined by [redacted] Sanitary Inspector

# Board of Health, City of Baltimore.

Permit No. 44806

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } H. W. Lancaster

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto Co.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } No 104 E. Dallas

*Cause of Death,* { First, (Primary.) Convulsions

Second, (Immediate.) Spasms

*Duration of Last Sickness,* Few Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* Dec. 16. 1880

*Undertaker,* Charles A Hill

*Place of Business,* 95 Gay

D. Ruth M.D.,
Medical Attendant.

*Address,* 2 N Exeter St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 44807

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 16th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Schilling

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 73 *Years,* *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or~~ Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* Wheelwright

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 99 Pa Ave

*Cause of Death,* First, (Primary.) Asthma

Second, (Immediate.)

*Duration of Last Sickness,* 2 or 3 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Saturday

*Undertaker,* Peter Emmert

*Place of Business,*

H Miller M.D., Medical Attendant.

*Address,* 89 W Green St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4c/808

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wheatley

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 7 *Months,* ____ *Days.*

*Color,* col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Chesnut St

*Cause of Death,* First, (Primary.)

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 10 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 16 1880

E. C. Baldwin M. D.
Medical Attendant.

*Undertaker,* William J. Dugan

*Place of Business,* 62 East St

*Address,* 124 n Eutaw

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4c 1809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* December 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Turner

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 8 *Years,* 3 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widowed or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 69 Collington Ave

*Cause of Death,* First, (Primary,) Diphtheria, Croup,

Second, (Immediate,)

*Duration of last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Decbr 17 1880

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Av

Thomas D. Evans, M. D.
Medical Attendant.

*Address,* 22 Dickens Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 16 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Harnier

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} V

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 37 Fleet St (Canton)

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michaels Cemetery

*Date of Burial,* Dec 17th 1880

*Undertaker,* Henry Synder

*Place of Business,* 252 Canton Ave

Nicholas L Dashiell M. D.
Medical Attendant.

*Address,* 207 S. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully ...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/811

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Pegee

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* One *Years,* nine *Months,* ~~—~~ *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 46 Bruce St

*Cause of Death* { First, (Primary,) Diphtheritic Croup
Second, (Immediate,) Convulsions

*Duration of last Sickness,* about ten days

All the above Information should be furnished by the Physician.

*Place of Burial,* Levnel Cemetery

*Date of Burial,* Dec 16 1880

*Undertaker,* William Monroe

*Place of Business,* No 62 East Street *Address,* 262 Madison Ave

Elias C Price M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E Spainger

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 25 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* { Cross out the word not required in this line. } V

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 15 yrs

*Place of Death,* { Give street and number } 113 William St

*Cause of Death,* { First, (Primary,) Phthisis Pulmonalis

{ Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 17th 1880

*Undertaker,* Armstrong & Grim

*Place of Business,* 263 Light St

E W Lull M. D.
Medical Attendant.

*Address,* 121 W. Monument

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 14813 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* December 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Chalmers

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days.*

*Color,*

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.} ✓

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 41 E. Biddle St

*Cause of Death,* First, (Primary.) Tubercular Consumption

Second, (Immediate.)

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Dec 17th 1880

*Undertaker,* Chas. T. Scriven

*Place of Business,* 271 N. Eutaw St

Wm. L. Russell M.D.,
Medical Attendant.

*Address,* Broadway & Madison Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 fe 814

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decr 16th 80.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Baneu Marcellus Green

*Sex, Male or Female,* {Cross out the word not required in this line.} "

*Age,* " *Years,* 6 *Months,* " *Days.*

*Color,* White *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} "

*Occupation,* "

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore -

*Duration of Residence in the City of Baltimore,* 6 Month -

*Place of Death,* {Give street and number.} 27 Hudson alley -

*Cause of Death,* First (Primary,) Catarrh

Second (Immediate,) Hydrocephalus Internus -

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Dec 17th 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Gorman M. D.
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore

Permit No. 4815 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Slater

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 10 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 156 E Green st

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlatina

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* December 17th/80

*Undertaker,* Wm J. McKeever

*Place of Business,* 65 S. Eutaw st *Address,* 116 Hanover st

Frederic Cook *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# 44816

missing

Board of Health, City of Baltimore.

Permit No. 44817

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 16/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Mitchell

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* —— *Months,* 35 *Days.*

*Color,* Mark

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Bronchitis

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peter Cemetery

*Date of Burial,* December 17

*Undertaker,* Patrick Mullin

*Place of Business,*

J. J. Wasse *M.D.,*

Medical Attendant.

*Address,* 127 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14818

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Louis Leesfeld

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Sugar Refiner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 33 years

*Place of Death,* {Give street and number} 108 E. Lombard St.

*Cause of Death* { First, (Primary,) Heart disease
Second, (Immediate,) Angina, Dropsy &c

*Duration of last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 17th 1880

*Undertaker,* Joseph F Byrne

*Place of Business,* 59 n Liberty st

John Morris *M. D.*
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS,

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44819

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucey Kell Janney

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* *Years,* 9 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* 9 m 20 days

*Place of Death,* {Give street and number} Boston & Patuxent St

*Cause of Death* { First, (Primary,) Pneumonia
Second, (Immediate,) do — congestion Lungs

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Fairmount Burial Ground Harford Road

*Date of Burial,* Dec 17th 1880

*Undertaker,* M. A. Dayer

*Place of Business,* 74 S. Broadway

E. W. Janney M. D.
Medical Attendant.

*Address,* Boston & Patuxent Sts

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44820

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

*Date of Death,* Dec 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 33 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Washing

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 237 N Front St

*Cause of Death,* First, (Primary.) Residents of Burned

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Dec 17 1880

*Undertaker,* Abraham Hayman

*Place of Business,* 13 Saratoga

Samuel Wolf M.D.,
Medical Attendant.

*Address,* # 134 N Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1 / c / 821

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Mathai

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 341 W Baltimore St

*Cause of Death* First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

*Duration of last Sickness,* about two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 17th 1880

*Undertaker,* John Lafe

*Place of Business,* 161 Balto St

D. M. Cathell M. D.
Medical Attendant.

*Address,* 2 N. Broadway.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14822

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Sunesch

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* ——— *Years,* 21 *Months,* ——— *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 164 L. Green St

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 164 L. Green St

*Cause of Death,* First, (Primary,) Diphtheria Bacteria

Second, (Immediate,)

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 16th inst

Geo. H. Denson M. D.
Medical Attendant.

*Undertaker,* Julius Fiehler

*Place of Business,* Lemp & Shaw Sts

*Address,* 144 Hanover St
City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44823

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 6th 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Dunne

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 20 *Years,* 3 *Months,* 6 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 83 S. Caroline St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* One Year

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* 14th at 3 oclock

Geo. W. Penson *M. D.*
Medical Attendant.

*Undertaker,* James O Byrne

*Place of Business,* No 63 Front St

*Address,* 144 Hanover St City

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 4/c/8224

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 1 1880 BALTIMORE

*Date of Death,* Wednesday Dec 15th.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin King

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 29 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 7 years

*Place of Death,* {Give street and number} 273 N. Front St.

*Cause of Death* { First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of last Sickness,* Six Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial* Dec 17th 1880

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Frem St *Address,* 25 Lexington Ave

Wilmer Smith M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Regulations below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/c/8225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Thomas Hulse

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 5 *Years,* 5 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City Md.

*Duration of Residence in the City of Baltimore,* All of life

*Place of Death,* {Give street and number} 52 Penna. Ave.

*Cause of Death* { First, (Primary,) Asthma. / Second, (Immediate,) Asphyxia.

*Duration of last Sickness,* Six Weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 19th 1880

*Undertaker,* Wm. E. Chenowith

*Place of Business,* 336 Penna Ave City

J. H. Christian Md M. D.
Medical Attendant,

*Address,* 431 Penna. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4826

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence M. Glenn

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto city

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 99 Columbia ave

*Cause of Death* {First, (Primary,) Scarlet fever

{Second, (Immediate,) Convulsions

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Dec 18th 1880

{*Undertaker,* John Mackey

{*Place of Business,* Pca & Camden

J. H. Carnes M. D.
Medical Attendant.

*Address,* 76 Pearl St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 44827

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Decemb 16. 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Ivay Sampson

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 6 *Months,* 7 *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number. } 52 Druid Ave

*Cause of Death,* First, (Primary.) Pertussis

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Dec 17 1880

*Undertaker,* B M Chase

*Place of Business,* 127 Howard St

Louis L. Corn *M.D.,*

Medical Attendant.

*Address,* 52 Druid Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44828

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 14th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Brockston

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} Female

*Age,* 64 *Years,* —— *Months,* —— *Days.*

*Color,* Black *Sex,* Female

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.} Widow

*Occupation,* House Keeper

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Three days

*Place of Death,* {Give street and number.} 191 Chesnut alley

*Cause of Death,* First (Primary,) Angina Pectoris

Second (Immediate,)

*Duration of Last Sickness,* 10 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Dec 16 1880

*Undertaker,* S H Chase

*Place of Business,* 176 Howard st

Jas E Gibbons *M. D.*
Medical Attendant.

*Address* 47 Edmondson Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4 of 8 2 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 15 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha A Borton

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* [illegible] *Years,* fifteen *Months,* *Days.*

*Color,* Col *Sex,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ~~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimor Md

*Duration of Residence in the City of Baltimore,* 15 months

*Place of Death,* {Give street and number.} 189 Vine St

*Cause of Death,* First (Primary,)

Second (Immediate,) Pneumonia

*Duration of Last Sickness,* Seven day

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Laurel~~ [illegible] Cemetery

*Date of Burial,* Dec 18 1880

W H Glenn M. D.
Medical Attendant.

*Undertaker,* C H Chase

*Place of Business,* 190 Howard St *Address* 616 W Balt St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 44830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 17 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 16th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Henry Williams

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 2 *Months,* *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Native

*Place of Death,* {Give street and number} 20 Fleet St

*Cause of Death,* First, (Primary,) Chronic Bronchitis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* Several Months

All the above information should be furnished by the Physician.

*Place of Burial,* Church Cemetery

*Date of Burial,* Dec 19 1890

*Undertaker,* J. H. Chase

*Place of Business,* 42 Howard St.

H. H. Hartman M. D.
Medical Attendant.

*Address,* 192 Fleet St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 24831

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk Ponnie

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Easton Pa

*Duration of Residence in the City of Baltimore,* 3 mos

*Place of Death,* {Give street and number} 142 St Paul

*Cause of Death* { First, (Primary,) Burns
Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 9 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 17th Dec. 1880

{ *Undertaker,* H. W. Jenkins & Son
{ *Place of Business,* 16 Light St.

J E Chabrand Jr M. D.
Medical Attendant.

*Address,*

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the List of Diseases on the Reverse Side.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Nieberlein

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 34 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cigar Maker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Thirty two years.

*Place of Death,* {Give street and number} 1 Monumonium Court

*Cause of Death* { First, (Primary,) Phthisis Pulmonalis,
Second, (Immediate,)

*Duration of last Sickness,* Six Months,

All the above Information should be furnished by the Physician.

*Place of Burial,* 1st Ev Cemetery

*Date of Burial,* Dec 17th

*Undertaker,* H. Frohlich

*Place of Business,* 233 Eastern Av

Nicholas L. Dashiell M. D.
Medical Attendant.

*Address,* 207 S. Broadway

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44833

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 5 P M December 16 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James R K Ferguson

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* 9 *Months,* 10 *Days.*

*Color,* White

*Married, ~~Single~~, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Shoe fitter

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} #160 E Monument Street

*Cause of Death,* {First (Primary,) Pulmonary Phthisis

{Second (Immediate,)

*Duration of Last Sickness,* 2 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery *Date of Burial,* Dec 19th 1880

Charles H Thomas *M. D.,* Medical Attendant.

*Undertaker,* D H Snyder for Newman *Place of Business,* 12 W Balto St *Address* 85 E Baltimore St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to the [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44834

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Mitchell

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Woodbury Balto Co.

*Duration of Residence in the City of Baltimore,* Ten weeks

*Place of Death,* {Give street and number} Union Prot Infirmary

*Cause of Death* { First, (Primary,) Calculus in Bladder
Second, (Immediate,) Acute Nephritis & Albuminuria

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Marys Woodbury

*Date of Burial,* Dec 18 80

{ *Undertaker,* W Lloyde
{ *Place of Business,* Woodbury

Chas Tarvell M. D.
Medical Attendant.

*Address,* 92 Monroe St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 44835

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ridgely

*Sex,* ~~Male~~ or *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 28 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life ✓

*Place of Death,* {Give street and number.} 93 N. Dallas St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* all his life

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cem

*Date of Burial,* Dec 18 1880

*Undertaker,* Patrick Mullin

*Place of Business,* S. P. Park ave *Address,* Comm of Hyg & Prof Sec

James H Steuart M.D.,
~~Medical Attendant.~~

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Exam by — J. P. Smith

Board of Health, City of Baltimore.

Permit No. 44836

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 17 1880 BALTIMORE

*Date of Death,* Dec 16th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gabriel Snader

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Tool Setter

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 22 Years

*Place of Death,* { Give street and number. } No. 49 Elliott St.

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* 1 year

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec. 18th 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

D. Buckley, M.D.,
Medical Attendant.

*Address,* 21 Elliott St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44837

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 12 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Murrell

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Years, 2 Months, 7 Days.

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 147 Eastern av.

*Cause of Death,* First, (Primary.) Bronchitis

Second, (Immediate.) Pulmonary Collapse — Asphyxia

*Duration of Last Sickness,* Five (5) days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Corss Cemetery

*Date of Burial,* Dec. 18. 1880

*Undertaker,* H. A. Dayon

*Place of Business,* 744 S. Broadway

G. L. Wilson M.D.,
Medical Attendant.

*Address,* 77 S. Bond Street

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/4838

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Margret A. Mecker

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 49 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 93 N. Ann St.

*Cause of Death,* {First, (Primary,) Heart disease with Dropsy
Second, (Immediate,)

*Duration of last Sickness,* Jno. Brooke Boyle M.D

All the above information should be furnished by the Physician.

*Place of Burial,* Bonny Brae

*Date of Burial,* 18th dec

*Undertaker,* Wienterfield

*Place of Business,* Green Mont Ave

Jno. Brooke Boyle M. D.
Medical Attendant.

*Address,* 66 E. Eager St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44839

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederika Abel

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 57 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

~~*Occupation,*~~ .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 41 years

*Place of Death,* {Give street and number} 222 Miccanna St

*Cause of Death,* First, (Primary,) Cerebral Hemorrhage

Second, (Immediate,) Paralysis

*Duration of last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus

*Date of Burial,* Dec. 19th 80

Thomas J. Evans M. D.
Medical Attendant.

*Undertaker,* M. Francis

*Place of Business,* 280 Canton Ave *Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14840

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec - 16th - 1880 -

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Estelle Kuhn -

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 20 — *Years,* *Months,* *Days.*

*Color,* White *Sex,* Female -

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

*Occupation,* none -

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. City -

*Duration of Residence in the City of Baltimore,* Life -

*Place of Death,* {Give street and number.} no - 194 N. Carrollton av -

*Cause of Death,* First (Primary,) Phthisis.

Second (Immediate,)

*Duration of Last Sickness,* Four years -

All the above information should be furnished by the Physician.

*Place of Burial,* Old Catholic Cem R. H. Goldsmith M. D.

*Date of Burial,* Dec 20th 1880 Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 5 South Paca St Address S. E. cor Harlem av. and Calhoun St,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 4/4/8477 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1920 BALTIMORE

*Date of Death,* December 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry B. Clark

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 365 Eutaw Place

*Cause of Death,* First, (Primary.) Laryngeal Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* Died on ninth day

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* 18th Dec. 1880

Riggin Buckler M.D.,
Medical Attendant.

*Undertaker,* H.W. Jenkinson

*Place of Business,* 16 Light St. *Address,* 135 n Charles

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Mathias

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days.*

*Color,* Black *Sex,*

*~~Married, Single,~~ Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Montgomery Co Md

*Duration of Residence in the City of Baltimore,* 22 years

*Place of Death,* {Give street and number.} 168 Linden Ave

*Cause of Death,* First (Primary,) Rheumatism

Second (Immediate,) Hypertrophy of Heart

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Georgetown D. C.

*Date of Burial,* Dec 19th

*Undertaker,* Wm Weaver

*Place of Business,* 202 N. Eutaw

G. W. Mackenzie M. D.
Medical Attendant.

*Address* 67 Franklin St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

1998 Transit

[OVER.

Board of Health, City of Baltimore.

Permit No. 44843 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Burr

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 24 *Years,* 11 *Months,* 17 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Married

*Occupation,* Housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 730 Hanover St

*Cause of Death,* First, (Primary.) Natural Causes

Second, (Immediate.) Typhoid Fever

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Dec 19

*Undertaker,* I B Cook

*Place of Business,* 707 W Fayette

Jno D Blake M.D.,
Medical Attendant.

*Address,* 168 S Eutaw

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 42844. *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Weidmann.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Salesmaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany 20 years

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 40 Frederick Ave, Cor Fulton St

*Cause of Death,* First, (Primary.) Hepatitis

Second, (Immediate.) Dropsy

*Duration of Last Sickness,* One year

**All the above information should be furnished by the Physician.**

*Place of Burial,* Louden Park

*Date of Burial,* Dec 19th

*Undertaker,* John P Paulus

*Place of Business,* 66 Frederick ave

W. H. Keyser M.D.,

Medical Attendant.

*Address,* Cor Fayette & Calvert Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4f4845

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 16th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara V. Staley

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 10 *Years,* 3 *Months,* 11 *Days.*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 15 S. Bethel

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Dec 18th 1880

*Undertaker,* Wm M. Dunn

*Place of Business,* No 62 East St

G. L. Wilkins M.D.,
Medical Attendant.

*Address,* 77 E. Brady

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44846 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Stewart

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 52 South Exeter

*Cause of Death,* First, (Primary.) Paraplegia, old age

Second, (Immediate.) Pneumonia, Hemiplegia Exhaustion

One Year an invalid

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 19th 1880

*Undertaker,* John Lake

*Place of Business,* 161 Pratt St

Geo. W. Reynolds M.D.,
Medical Attendant.

*Address,* Calvert & Monument

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14847

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 17th 1890

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. J. Jacobs

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 5 *Years,* 8 *Months,* 2 *Days.*

*Color,* White

~~*Married,*~~ *Single,* *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* { Give street and number } No 10 Penna Ave

*Cause of Death,* { First, (Primary,) Bronchial Croup

Second, (Immediate,)

*Duration of last Sickness,* five days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 19

James A. Scott, M. D.
Medical Attendant.

*Undertaker,* Walter Immel

*Place of Business,* 252 West Pratt St *Address,* 182 Saratoga St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/1848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 17. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank H. Rochate.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* 5 *Months,* *Days.*

*Color,* White.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Segar Maker.

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number} 45 Clay St.

*Cause of Death* First, (Primary,) Phthisis.

Second, (Immediate,) Phthisis.

*Duration of last Sickness,* Six Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Dec 19 th

*Undertaker,* H. Bergman

*Place of Business,* 45 Clay St.

W. R. Morgan M. D.
Medical Attendant.

*Address,* 175 Saratoga St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 44849

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE MD.

*Date of Death,* Dec 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Francis Lefaure

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* *Months,* 1 *Days.*

*Color,*

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 13 yrs

*Place of Death,* {Give street and number.} 234 N Eden St

*Cause of Death,* First, (Primary.) Meningitis Tubercular

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Dec 19. 1880

*Undertaker,* W. H. Hickman

*Place of Business,* Gay St

E Geo Walls M.D.,
Medical Attendant.

*Address,* 27 N Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14850

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Watson Morgan

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Twelve *Years,* One *Months,* Nine *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} Cor. Harford & Central av.

*Cause of Death,* {First, (Primary,) Typhoid Fever

Second, (Immediate,)

*Duration of last Sickness,* Five Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Dec 19th

*Undertaker,* Geo Schilling

*Place of Business,* Ashland Bayview

Wm. H. Clendinen, M. D.
Medical Attendant.

*Address,* No. 102 N. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44857

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEC 10 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 18/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentine Meyer

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 3 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 156 S. Register St.

*Cause of Death,* First, (Primary.) Scarlatina Malign

Second, (Immediate.)

*Duration of Last Sickness,* 4 8 hrs

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem

*Date of Burial,* Dec 19 1880

*Undertaker,* Henry Sander

*Place of Business,* 252 Canton Ave

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4 / 852

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec" 16. -1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eli Jones.

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* ~~~ *Months,* ~~~ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~ ~~~ ~~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Frederick Co Md

*Duration of Residence in the City of Baltimore,* 13. Years

*Place of Death,* {Give street and number.} # 28 South St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Wesleyan Pub" Cem"

*Date of Burial,* Dec 18 -1880.

*Undertaker,* Fred" Kerchner

*Place of Business,*

Thomas Cleaves M.D.,
~~Medical Attendant.~~

*Address,* Commissioners of Health + Register

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by John E Timanus

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE MD

## CERTIFICATE OF DEATH.

*Date of Death,* December 1st 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Paul Leo Fitzgerald

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* — *Years,* Five *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Md

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* { Give street and number } No. 99 N. Amity St

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Rosa Cemetery

*Date of Burial,* Dec 1880

Wm H Chisholm M. D.
Medical Attendant.

*Undertaker,* Fey & Bro

*Place of Business,* 1116 Broadway *Address,* No 102 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 4 4 8 5 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 17th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leslie Phillips

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 2 1/2 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Bay View Life

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Mal-Nutrition

Second, (Immediate,)

*Duration of last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 18

C. F. Bryan M. D.
Medical Attendant.

*Undertaker,* C. W. Sheppard

*Place of Business,* 201 Pine

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44853

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 5 1881 BALTIMORE

*Date of Death,* Dec. 4th 1881.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Pittman

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 2 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Nursery and Child's Hospital

*Cause of Death,* First, (Primary,) Mal Nutrition

Second, (Immediate,) ____

*Duration of last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 18

*Undertaker,* C. H. Bloom

*Place of Business,* 201 Park

C. F. Braw, M. D.
Medical Attendant.

*Address,* ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and [illegible] death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND [illegible]

The special attention of Physicians is respectfully invited to the [illegible] this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 4856

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 15th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lyman

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 7 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maternité

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Nursery and Child's Hospital

*Cause of Death,* First, (Primary,) Mal-Nutrition

Second, (Immediate,) Mal-Nutrition

*Duration of last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 18

*Undertaker,* C. H. Blizard

*Place of Business,* 211 Lanvale

C. J. Brown M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 14857

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David G Martin

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* *Months,* *Days.*

*Color,* col

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Salesman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} 25 years Washington Co Md

*Duration of Residence in the City of Baltimore,* 25 years

*Place of Death,* {Give street and number.} City Hospital Res 696 N Balto

*Cause of Death,* First, (Primary.) Intemperance & fall on street

Second, (Immediate.) Fracture of Skull & Hemorrhage on brain

*Duration of Last Sickness,* 10 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Hagerstown Md

*Date of Burial,* December 20th 1880

*Undertaker,* Wm C Weaver

*Place of Business,* No 202 N Eutaw St

Edmund Walker M.D.,

~~Medical Attendant.~~

*Address,* Corner M P D

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 1999

Permit No. 1858

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* December 17. 1880 (West)

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Irish

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* 2 *Months,* 17 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 110 Hamilton St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diphtheria

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec. 19 th

*Undertaker,* Henry Boiler

*Place of Business,* Hamilton St. 81

Theodore Cook *M.D.,*
Medical Attendant.

*Address,* 146 Division St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml N Coleman

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 28 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Salesman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 56 E Hoffman st

*Cause of Death,* First, (Primary,) Congestion of Brain

Second, (Immediate,)

*Duration of last Sickness,* 3 Days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Dec 19th 1880

A P Mc Cats M. D.
Medical Attendant.

*Undertaker,* Wm H Hickman

*Place of Business,* 234 N Gay St

*Address,* 107 N Eutaw st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/4860

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Decem 17 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Evan Barton

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age,* 47 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Miller

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Pennsylvania

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* { Give street and number } 6 E. Balto. St

*Cause of Death,* First, (Primary,) Cirhosis of Liver

Second, (Immediate,) Asthenia

*Duration of last Sickness,* about 25 dys.

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Dec. 19th 1880

D. Steele M. D.
Medical Attendant.

*Undertaker,* Wm. H. Hickman.

*Place of Business,* 234 N. Gay St. *Address,* 1432 N. Exeter St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

AK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44861

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 18 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 17th December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Custis

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Laundress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Accomack Co. Virginia

*Duration of Residence in the City of Baltimore,* Fifteen Years

*Place of Death,* {Give street and number} 108 Leadenhall St

*Cause of Death,* First, (Primary.) General debility

Second, (Immediate,) Cancer of Uterine

*Duration of last Sickness,* Fourteen Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 19

*Undertaker,* Hercules Ross

*Place of Business,* 15 Conway St

J. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

KODAK

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14862

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 19 1880 BALTIMORE

Date of Death, December 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Wolfermann

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 71 Years, Three Months, 12 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number} No 271 Canton Av.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate,) General debility

Duration of last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Md. Carmel Cemetery

Date of Burial, Dec. 19th 1880

Undertaker, Caspar Eckhardt

Place of Business, 269 Canton Ave

L. Q. Nutermutz M. D.
Medical Attendant.

Address, 12 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4/1863

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 19 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 18th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dominica Baccigalupi

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 73 *Years,* 6 *Months,* 5 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Genoa, Italy.

*Duration of Residence in the City of Baltimore,* Almost 35 years

*Place of Death,* {Give street and number} 5 Plummer St

*Cause of Death* First, (Primary,) Senile Catarrh

Second, (Immediate,)

*Duration of last Sickness,* Three or four weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cemetery

*Date of Burial,* Dec 19th 1880

D M Cattell M. D.
Medical Attendant.

*Undertaker,* James S Byrne

*Place of Business,* No 63 N Front St *Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44864 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Martin Hopper

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 2 *Years,* 2 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 55 S. Chapel Ct.

*Cause of Death,* First, (Primary.) Asphixia

Second, (Immediate.) Cerebritis

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* December 18

*Undertaker,* Wm Diffpel

*Place of Business,* 151 S Bond

James C. Shaw M.D.,
Medical Attendant.

*Address,* 68 S Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44866 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1889 BALTIMORE MD

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 18/89

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Warrington

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 153 S. Register St.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* 2 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore County

*Date of Burial,* Dec 20th

*Undertaker,* Thomas Sounder

*Place of Business,* 952 Eastern Ave

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 1179 Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44866 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Auch

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 44 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 20 Years

*Place of Death,* {Give street and number.} 31 Parkin St.

*Cause of Death,* First, (Primary.) Chronic Albuminuria

Second, (Immediate.) Asthma

*Duration of Last Sickness,* 18 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cem.

*Date of Burial,* Dec 20th 1880

*Undertaker,* P. Kummel

*Place of Business,* 317 Mulberry St

W. F. Neuper M.D.
Medical Attendant.

*Address,* 1 W Mulberry St

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Balti**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and t cause and date of death, except in cases of births and deaths of illegitimate children. [ov

# Board of Health, City of Baltimore.

Permit No. 4487

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 17th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan Mclean

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 13 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 110 S Spring St

*Cause of Death,* First, (Primary.) Heart Disease

Second, (Immediate.) "

*Duration of Last Sickness,* at 1 9 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Dec. 19. 1880

*Undertaker,* Charles A White

*Place of Business,* 35 Grady. st

Geo. L Kinnemon M.D.,
Medical Attendant.

*Address,* 193 E Balt St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 44868

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 19 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Meads

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prince George Co

*Duration of Residence in the City of Baltimore,* 12 years -

*Place of Death,* {Give street and number.} Balt & Potomac R R. near Fulton Station

*Cause of Death,* First, (Primary.) Injuries - from being run over by Engine

Second, (Immediate.) 122. N. C. R.R. & train Cars.

Instant Death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 1880

*Undertaker,* John L. Sumner

*Place of Business,* No 63 Park Ave

Alexander Tinley M.D.,
Medical Attendant.

*Address,* Corner

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

**Permit No.** 44869 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 1880 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 17 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Chew

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 29 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Calvert Co

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number.} Back of Potomac R.R. near Fulton Station

*Cause of Death,* First, (Primary.) Injuries from being run over by Engine

Second, (Immediate.) 122 N.C.R.R. Train Cars

*Duration of Last Sickness,* Instant Death

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 19th 1880

*Undertaker,* John C. Conda

*Place of Business,* No 28 Park St

Alexander Tinsley M.D.,
Medical Attendant.

*Address,* Corner

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause aud date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44870

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Minia Wagner

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 8 *Months,* 1 *Days.*

*Color,* White *Sex,* F

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 663 Penna Ave

*Cause of Death,* {First (Primary,) Tuberculer meningitis. Second (Immediate,) Convulsions

*Duration of Last Sickness,* 1 Month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmell Cem

*Date of Burial,* Dec 20th 1880

Chas E Sadtler M. D.
Medical Attendant.

*Undertaker,* Wm Weaver

*Place of Business,* 202 N Eutaw *Address* 649 Penna Ave

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44 871

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 19 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 17. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bettie E. Williams,

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* Black, *Sex,* Female

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Culpeper C. H., Virginia,

*Duration of Residence in the City of Baltimore,* 3 years

*Place of Death,* {Give street and number.} 116 Shield's Alley

*Cause of Death,* First (Primary,) Cardiac Disease

Second (Immediate.) Brief

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 19th 1880

*Undertaker,* Wm. H. Chase

*Place of Business,* 129 S. Howard st.

J. L. Ingle M. D.
Medical Attendant.

*Address* 247 Lawson st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 44872

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta West

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 4 *Years,* 6 *Months,* ~~Days.~~

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 4 Patterson Park Ave

*Cause of Death,* First, (Primary,) Meningitis (Acute)

Second, (Immediate,) Paralysis

*Duration of last Sickness,* 18 days

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. Church Cemetery

*Date of Burial,* December 20th 1880

*Undertaker,* H. M. Gibney & Co.

*Place of Business,* 241 Eastern Ave.

Thomas J. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44873 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} No Name, Parents unknown —

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 5 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Back of 273 Hughes St.

*Cause of Death,* First, (Primary.) Exposure & Frostbite

Second, (Immediate.) Congelation —

*Duration of Last Sickness,* About 8 days, from the time it was found & which must have been soon after birth

All the above information should be furnished by the Physician.

*Place of Burial,* W. Public Cemetery

*Date of Burial,* Dec 20th 1880

*Undertaker,* J. A. Kerchner

*Place of Business,*

Chas. Bell, M.D.,
Medical Attendant.
Coroner 2d. Dist.
*Address,* 161 So. Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44874 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Williamson

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* 1 *Months,* 16 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 50 Cross St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* ~~December~~ Dec 20

*Undertaker,* Degen & Hull

*Place of Business,* 62 West

~~Physician~~ Medical Attendant. M.D.,

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44875

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

*Date of Death,* Dec. 19th

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carroll L. Hinds

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* Colored.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* .....

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto. City.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* { Give street and number. } # 7 Mine St.

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) Pertussis.

*Duration of Last Sickness,* 3 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem'y.

*Date of Burial,* Dec 20 1880

*Undertaker,* B W Chase

*Place of Business,* 198 Howard st

Jas. H. Wiltshire M.D.,
Medical Attendant.

*Address,* Forth & Reads.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 14876 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 19. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } George W. Squire

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 5 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number. } 107 Lexington St

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Granulations

*Duration of Last Sickness,* 26 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Oliver Cem'y

*Date of Burial,* December 21st

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Orleans Sts *Address,* 146 Hanover St

Geo. W. Jacobs M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 14877

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Dailey

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 64 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} O

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 67 S Eden St

*Cause of Death,* First, (Primary,) Carcinoma Uteri

Second, (Immediate,)

*Duration of last Sickness,* about two years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec. 21, 1880

*Undertaker,* M. A. Daiger

*Place of Business,* 74 S. Broadway

D W Cathell M. D.
Medical Attendant.

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 14878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cassandra Frush,

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 72 *Years,* ~~*Months,*~~ ~~*Days.*~~

*Color,* White

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.} Widow

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* 55 years

*Place of Death,* {Give street and number} No 46, E. Caroline St

*Cause of Death,* First, (Primary.) Hemorrhage, (abdominal)

Second, (Immediate,)

*Duration of last Sickness,* (Four weeks)

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem.

*Date of Burial,* Dec. 21, 1880

*Undertaker,* M. A. Dwyer

*Place of Business,* 71 S. Broadway

Thomas P. Evans, M. D.
Medical Attendant.

*Address,* 11 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14879

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah & W. F. Work

*Sex, Male or Female,* {cross out the word not required in this line.} Male (Parents)

*Age,* ____ *Years,* ____ *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Pratt St. Cor. Bethel

*Cause of Death,* First, (Primary,) Premature Birth

Second, (Immediate,)

*Duration of last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Dec. 21st 1880

A. E. Stein *M. D.*
Medical Attendant.

*Undertaker,* H. Hofman

*Place of Business,* 63 N. Eaden St *Address,* 195 N. Eaden

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14818 80

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 19/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas R Pearce

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 64 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} married

*Occupation,* Merchant

*Birthplace,* {State or country, and how long in the United States, if of foreign birth.} Charleston Mass.

*Duration of Residence in the City of Baltimore,* all his life

*Place of Death,* {Give street and number} Barnum Hotel

*Cause of Death,* First, (Primary.) Disease of Heart & Pulmonary Congestion

Second, (Immediate,) Five Days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Dec 20th 80

*Undertaker,* Henry Jenkins Son

*Place of Business,* 16 Light St

L. Donaldson M. D.
Medical Attendant.

*Address,* 108 Fulcan

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44881 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

DEC 20 1880

# CERTIFICATE OF DEATH.

*Date of Death,* December 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Knight

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Years, 1 Months, 17 Days.

*Color,* White.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 146 Light St

*Cause of Death,* First, (Primary.) Marasmus.

Second, (Immediate.) "

*Duration of Last Sickness,* Since birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Dec. 21st

*Undertaker,* N. Miller

*Place of Business,* 86 N. Paca St.,

Ed. Beel M.D.,

~~Medical Attendant.~~ Coroner 2nd Dist.

*Address,* 161 S. Stump St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4c/8842

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Allard

~~Sex~~, *Male or* ~~*Female*~~, {cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the word not required in this line.} ✓

*Occupation,* Carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 60 years

*Place of Death,* {Give street and number} 204 E. Eager St.

*Cause of Death,* {First, (Primary,) Pulmonary Hemorrhage

Second, (Immediate,)

*Duration of last Sickness,* 20 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Dec 21st 1880

*Undertaker,* Geo Schilling

*Place of Business,* Mount St

Geo Boothe Boyle M. D.
Medical Attendant.

*Address,* 116 E. Eager St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 14883 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 20 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 20 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lina Horner

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* *Months,* *Days.*

*Color,* Whi

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Ever

*Place of Death,* {Give street and number.} 17 N. Wolfe

*Cause of Death,* First, (Primary.) Diphtheritic affection

Second, (Immediate.) Paralysis cordis

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem.

*Date of Burial,* Dec. 21st 80

*Undertaker,* M. Hearn

*Place of Business,* 280 Canton Ave *Address,* 245 E. Baltimore

J. Flatley M.D.
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14884.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Wright

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* ____ *Months,* 14 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore city Md.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} 259 S. Broadway

*Cause of Death,* First, (Primary.) Internal Convulsions

Second, (Immediate,)

*Duration of last Sickness,* Since Birth.

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn

*Date of Burial,* December 21st

John H. Lehberger M. D.
Medical Attendant.

*Undertaker,* M. Feuchter

*Place of Business,* 33 South St

*Address,* 243 Aliceanna

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

~~Board of Health, City of Baltimore,~~

Office of Registrar of Vital Statistics.

Permit No. 44885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

# CERTIFICATE OF DEATH

Date of Death, Dec 19 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred W. Zimmerman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ..... Months, ..... Days.

Age, 57 Years,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 6 Mott St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) 9 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Dec 20 1880

{Undertaker, W. H. Hickman

{Place of Business, N. Gay St

James A. Steuart M.D.,

~~Medical Attendant~~ Comm of Health & Registrar

Address,

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined L. P. Smith

Permit No. 44886 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 18th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } No name (Illegitimate)

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ——— *Years,* ——— *Months,* 5 *Days.*

*Color,* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } ———

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* { Give street and number. } 133 Scland St

*Cause of Death,* First, (Primary.) ———

Second, (Immediate.) Trismus

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Dec 20

*Undertaker,* John H. Owens

*Place of Business,* 225 S Eutaw St

Jno D Blake *M.D.,*

Medical Attendant.

*Address,* 16 S Paca

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44887

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Christina Muller

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 10 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 178 Ramsey st Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 178 Ramsey st

*Cause of Death* { First, (Primary,) ... { Second, (Immediate,) Diphtheria 4 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western cemetery

*Date of Burial,* Dec. 20th 1880

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 W. Gay St. *Address,* 187 Hollins st

S. T. Benson M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 44.888 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Gotlieb Laubush

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 58 *Years,* 5 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Tailor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Prussia, Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Foot of Ridgely St.

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Zion's Church, Home Cemetery

*Date of Burial,* Dec 20-1880

*Undertaker,* P. Mullen

*Place of Business,*

Thos A Means M.D.,
~~Medical Attendant.~~

*Address,* Commissioners of Health Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Wm B Geo E Fanning

Board of Health, City of Baltimore.

Permit No. 44889 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 1899 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 19th, 1889.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 9 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* 9 Years

*Place of Death,* {Give street and number.} 1613 Cambridge St

*Cause of Death,* First, (Primary.) Abscess

Second, (Immediate.) Spasms

*Duration of Last Sickness,* 1 Day

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem"

*Date of Burial,* Dec 21-1889.

*Undertaker,* Chas Aud & Bro.

*Place of Business,* 54 N Broadway

*M.D.,*
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 14890

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth J. Heath

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 6 *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto md

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number.} 205 N. Durham St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

*Duration of Last Sickness,* life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem'y — *Thomas H. Ellis* M.D.,

*Date of Burial,* Dec 20 1880 ~~Medical Attendant.~~ Comm of Health

*Undertaker,* A. O. R. Bandell & Registrar

*Place of Business,* ——— *Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by T. P. Smith

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4489

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH 20 DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 19th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Murphy

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ~~100~~ *Years,* 80 *6 Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 80 yrs

*Place of Death,* {Give street and number} 8 Donoly's Court

*Cause of Death,* First, (Primary.) Bronchitis

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 6 mo

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents

*Date of Burial,* Dec 21st 1880

*Undertaker,* P. H. Byrnes

*Place of Business,* N Exeter st

J. H. Buxton M. D.
Medical Attendant.

*Address,* City Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14,892

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 17: 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Harrison

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 30 *Years,* 4 *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Huckster

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Sweeden

*Duration of Residence in the City of Baltimore,* 27 years

*Place of Death,* {Give street and number} 90 Lancaster

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* Several years. Saw him once

All the above Information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Dec 20th

*Undertaker,* H C Frohlich

*Place of Business,* 244 Eastern Ave

James E Donnelly M. D.
Medical Attendant.

*Address,* 99 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 14893 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bell

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 4 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 33 Foster alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cem — *Attended* James A Steuart M.D.,

*Date of Burial,* Dec 20 1880 — Residence

*Undertaker,* Wm Jas Gray — *Address,* Comm of Health & Registrar

*Place of Business,* ———

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by - B. Dess

...ssion of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44894

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...ther, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 18th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Shows

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 10 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} No 13 China st

*Cause of Death,* First, (Primary,) ____ Second, (Immediate,) Scarlet Fever seven days (?)

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 20th

*Undertaker,* J. L. Ford

*Place of Business,* 151 Hanover

Ellis Hickman M. D.
Medical Attendant.

*Address,* 158 Druid st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14895

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT OF HEALTH
DEC 20
1895
BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 20th 1895 3.30 A. M.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hossea Pitt

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Musician

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Howard Co. Md.

*Duration of Residence in the City of Baltimore,* Thirty Years.

*Place of Death,* { Give street and number } 139 Jefferson St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Apnoea

*Duration of last Sickness,* About 17 months

All the above information should be furnished by the Physician.

*Place of Burial,* Bethesda Cemetery

*Date of Burial,* Dec 21

*Undertaker,* L. P. Cook

*Place of Business,* 707 W. Balto

C. B. Britton M. D.
Medical Attendant.

*Address,* 51 S. B'dway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. S. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/4896

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 18th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Bowie.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* 8 *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number} 91 Vincent Ave.

*Cause of Death* First, (Primary,) Tuberculosis.

Second, (Immediate,)

*Duration of last Sickness,* About 4 Months.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* Decem 21 1880

*Undertaker,* Wilson St Dingee

*Place of Business,* 62 East St

J. Walton White M. D.
Medical Attendant.

*Address,* 19 N. Gilmor St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 24897

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

## CERTIFICATE OF DEATH.

*Date of Death,* December 18th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Barnes Polk

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 52 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 32 Mayon alley

*Cause of Death,* First (Primary,) Double Pneumonia

Second (Immediate.) about 2 weeks

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shaws St Cemetery

*Date of Burial,* December 20 1890

*Undertaker,* Wilmot Dugee

*Place of Business,* 62 East St

H. C. Johnson M. D.

Medical Attendant.

*Address* 41 N Caroline St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 44898

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 19th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Rutledge,

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White,

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Bro Finisher,

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 221 Chird St.

*Cause of Death,* First, (Primary.) "Typhoid Fever,"

Second, (Immediate.) Pneumonia.

*Duration of Last Sickness,* 22. Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec 23rd 1880

*Undertaker,* James P. Byrne

*Place of Business,* No 63 N Front St

J. W. Chambers M.D.,
Medical Attendant.

*Address,* 222. Aliceanna.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 4c/899 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 15 - 8

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Anderson

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* 24 *Years,* *Months,* *Days.*

*Color,* colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 4 Hanover east

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Shark st

*Date of Burial,* 20th Dec

*Undertaker,* Lee & Perkins

*Place of Business,* 130 Hanover

R. H. P. Ellis M.D.,
Medical Attendant.

*Address,* 313 Light st

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained; the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 4 [OVER.]

Permit No. 14900

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 20 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Early

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Wheelright

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 47 Years

*Place of Death,* {Give street and number.} Co Constitution & Chase

*Cause of Death,* First, (Primary.) Cancer of Stomach

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Dec 22

*Undertaker,* Geo Schilling

*Place of Business,* Ashland & Lynn

Wm Wilmdge M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44901

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 19th Dec. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Helen Koons

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* 19 *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During her life

*Place of Death,* {Give street and number.} No. 23 Clinton Ave.

*Cause of Death,* First (Primary,) Pseudo-Membranous ("Chronic"?) Croup.

Second (Immediate,) Asphyxia.

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* 21st December

Charles A. Geiger. M. D.
Medical Attendant.

*Undertaker,* Matthew Callahan

*Place of Business,* 227 Madison St *Address* No. 165 Argyle Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 44902 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decbr 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Ann Plitt

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Forty *Years,* ——— *Months,* ——— *Days.*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 98 years

*Place of Death,* {Give street and number.} 30 Somerset St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* Three (3) Years

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae Cemetery

*Date of Burial,* Decbr 21st 1880

J. E. Selby M.D.,
Medical Attendant.

*Undertaker,* D. H. Inyer-Son

*Place of Business,* 12, N. Balto St *Address,* 18 Bryant [illegible]

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44903 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH

*Date of Death,* Dec 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Lee

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 3 *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 170 Wayne St

*Cause of Death,* First, (Primary.) Cold with Lung trouble

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem'y

*Date of Burial,* Dec 21st 1880

*Undertaker,* David W. Chase

*Place of Business,* Howard St

John A Steuart M.D.,

*Address,* Comm of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by L. V. Fitzpatrick

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Mason

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* 8 *Months,* 8 *Days.*

*Color,* Colored *Sex,* male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} No 7 Mott St Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 7 Mott St " "

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,) Spasms

*Duration of Last Sickness,* 14 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec. 21st

*Undertaker,* Chas. A. White

*Place of Business,* 35 Granby St

Richd Sappington M. D.
Medical Attendant.

*Address*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Page of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44905

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Rittenbusch

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 9 *Months,* 5 *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 95 Park st

*Cause of Death,* First, (Primary,) Meningitis, (Chronic)

Second, (Immediate,)

*Duration of last Sickness,* three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Dec 21st

*Undertaker,* H. Fracklich

*Place of Business,* 244 Eastern Av

Thomas J. Evans M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 44906 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Vodery

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* —— *Years,* 2 *Months,* —— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 211 S. Bethel St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Enteritis

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St Cemet

*Date of Burial,* Dec 21st 1880

*Undertaker,* John W. Locks

*Place of Business,* 11 Wolfe St

James A Steuart M.D.,

Attending Physician.

Address, Comm of Health & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined Geo E. Taylor

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4907

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Jordan

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* Ninety one (91) *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore city

*Duration of Residence in the City of Baltimore,* All her life

*Place of Death,* {Give street and number.} No 244 Pierce Street Balto.

*Cause of Death,* {First (Primary,) Old age

Second (Immediate,) ~~Failing slowly for some time~~ Failing for an indefinite length of time

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul Cmty

*Date of Burial,* Dec 21.

*Undertaker,* J H Chalmers

*Place of Business,* 341 Penna ave

J Ridgely Hammond M. D.
Medical Attendant.

*Address* N E Cor. Calhoun & Hollins Sts. Baltimore

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 44908

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44908

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 21

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Jenkins

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* 10 *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Maryland

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} No 6 Bennett St

*Cause of Death,* First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

*Duration of last Sickness,* About 3 Months

All the above information should be furnished by the Physician.

*Place of Burial* Asbury Evergreen Cemetery

*Date of Burial,* Dec 21st 1880

E. J. Williams M. D.
Medical Attendant.

*Undertaker,* W. N. Dungee

*Place of Business,* No 62 East St

*Address,* Calvert St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44909

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 20th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Schwahn ("Schman)

*Sex, Male ~~or Female~~,* { cross out the word not required in this line. }

*Age,* 84 *Years,* *Months,* *Days.*

*Color,* W

*~~Married, Single, Widow or~~ Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Germany

*Duration of Residence in the City of Baltimore,* Not known

*Place of Death,* { Give street and number } Aged Mens Home

*Cause of Death* { First, (Primary,) Senile Decay

{ Second, (Immediate,)

*Duration of last Sickness,* 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial* 22nd July 1880

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St.

Geo H Dyer M. D.
Medical Attendant.

*Address,* 1 Wamsley Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

*Date of Death,* Dec 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Eliza Segafoose

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 43 *Years,* *Months,* *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 295 William St

*Cause of Death* First, (Primary,) Organic disease of liver -

Second, (Immediate,) Dropsy & Exhaustion

*Duration of last Sickness,* 10 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cem'y

*Date of Burial,* Dec 22nd 1880

*Undertaker,* Armstrong & Denny

*Place of Business,* 26 Light St *Address,* 76 Hanover St

J. H. Emmey M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44911 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPARTMENT DEC 21 1900 BALTIMORE

*Date of Death,* December 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Simmons

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — — *Years,* 7 *Months,* — — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 258 Camden St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Exanthema

*Duration of Last Sickness,* Since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cemetery

*Date of Burial,* Dec 22nd

*Undertaker,* H. F. Droll

*Place of Business,* 131 Hanover St

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44912

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Fink

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 8 *Years,* 10 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 23 E Baltimore St.

*Cause of Death* First, (Primary.)

Second, (Immediate,) Senditina

*Duration of last Sickness,* about five days

All the above information should be furnished by the Physician.

*Place of Burial,*

*Date of Burial,* Balto Cemetery

*Undertaker,* Thos S Hughes

*Place of Business,* 60 E Balto St

R M Bathurst M. D.
Medical Attendant.

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 41915 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 20th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Bohn,

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 3 *Months,* 18 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 201 S. Fremont St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diphtheria

*Duration of Last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* December 21st

*Undertaker,* Wm J. Feehan

*Place of Business,* 92 S Eutaw St

H. J. H. Tack M.D.,
Medical Attendant.

*Address,* 15-2 Stump St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44914

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 20th

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Elizabeth Snick

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 62 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} No 61 Franklin st

*Cause of Death,* First, (Primary.) Chronic interstitial Emphysema

Second, (Immediate.) Asthma (suffocative)

*Duration of Last Sickness,* Died on 8th day

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* 22nd Dec 1880

*Undertaker,* H. W. Jenkins Son

*Place of Business,* 16 Light St

Ryffin Buckler M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44915

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 21. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anthony

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* about 10 *D*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Foundling

*Duration of Residence in the ~~City of Baltimore~~,* Institution 4 days

*Place of Death,* {Give street and number} St Vincents Infant Asylum

*Cause of Death* {First, (Primary,) Congenital Syphilis

{Second, (Immediate,) .....

*Duration of last Sickness,* when received

All the above information should be furnished by the Physician.

*Place of Burial,* [redacted]

*Date of Burial,* Dec 23. 1880

*Undertaker,* Jno O Brannigan

*Place of Business,* 156 Division St

Marbury Brewer *M. D.*
Medical Attendant.

*Address,* 6 & 8 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 4 9 1 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 20. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* ~~Months,~~ 2 1 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md. Maternity Institution 6 days

*Duration of Residence in the ~~City of Baltimore~~*

*Place of Death,* {Give street and number} St. V. D. Asylum

*Cause of Death* First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

*Duration of last Sickness,* advanced Marasmus when admitted

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Dec 23. 1880

*Undertaker,* Jos Brannigan

*Place of Business,* 18 Division St

Harbin Driver M. D.
Medical Attendant.

*Address,* 84 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

44917

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* [redacted]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Olivia Lynch

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ... *Years,* 17 — *Months,* ... *Days.*

*Color,* Colored *Sex,* Male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} No 2 Brent's Alley

*Cause of Death,* First (Primary,) ...

Second (Immediate,) Pneumonia

*Duration of Last Sickness,* Seven days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery — Thomas Cappington, M. D.

*Date of Burial,* Dec 21 1880 — Medical Attendant.

*Undertaker,* John Justi — *Address* 70 Centre St

*Place of Business,* No 63 Park

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 20 - 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Baker

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 31 *Years,* — 6 — *Months,* — *Days.*

*Color,* Black -

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* House wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} North Underland Co, Va

*Duration of Residence in the City of Baltimore,* about 16 yrs

*Place of Death,* {Give street and number} 230 Vine St -

*Cause of Death* First, (Primary.) Child birth

Second, (Immediate.) Puerperal fever

*Duration of last Sickness,* 11 days —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec - 21st 1880

*Undertaker,* Wm M. Dunger

*Place of Business,* No - 628 South *Address,* 215 - N Caroline St

John J. Kima M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44919

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 21st December

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dewald

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 203 E. Madison

*Cause of Death* {First, (Primary,) Scald

{Second, (Immediate,)

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Nathan Lutheran Cemetery

*Date of Burial,* Dec 22nd

*Undertaker,* Geo Schilling

*Place of Business,* Holland Square

E. B. Fenby M. D.
Medical Attendant.

*Address,* 319 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 44920

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44920

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 21 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 19th 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lewis Perner

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* 21 *Days.*

*Color,* White

~~*Married*~~, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} No 77 Park St

*Cause of Death,* First, (Primary,) Meningitis (Tubercular)

Second, (Immediate,)

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemetery

*Date of Burial,* Dec 21 th 1886

*Undertaker,* Caspar Eckhardt

*Place of Business,* 109 Canton Ave

Thomas F. Evans, M. D.
Medical Attendant.

*Address,* 22 Jackson Place

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14921

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brown Colored

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* about 36 *Years,* *Months,* *Days.*

*Color,* Yellow

*~~Married, Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Not Known

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* { First, (Primary,) Burns of body 3° degree
Second, (Immediate,) asthenia

*Duration of last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemetery

*Date of Burial,* Dec 21/80

*Undertaker,* F A Kerchner

*Place of Business,* 50 Carrollton Ave

WEST M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46922

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. P. Lusby

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* 4 *Months,* 8 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 31 N Eden St

*Cause of Death* First, (Primary,) Catarrh & Asthenia

Second, (Immediate,) ———

*Duration of last Sickness,* Probably not well from birth

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mt Cemetery

*Date of Burial,* Decem 23rd 1880

*Undertaker,* Dunny & Mitchell

*Place of Business,* 65 S Broadway

D M Cottell M. D.
Medical Attendant.

*Address,* 2 N Broadway

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Board of Health, City of Baltimore,

Permit No. 14923

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 21 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice V. Davis

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* 9 *Months,* ~~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 53 Parrish St

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Dec 22 " 1880

*Undertaker,* C. Hollander & Son

*Place of Business,* 22 W. Pratt St

James A. Cleaves M.D.,

Medical Attendant

Comm of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd. John E. Burdine

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 4 9 2 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 21 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Mary Le Staghagen~~ Tuesday Dec 21 81

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Le Staghagen

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 3 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 61 Barnes St.

*Cause of Death* First, (Primary,) Diphtheria

Second, (Immediate,) Paralysis of Heart

*Duration of last Sickness,* 9 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 22 80

*Undertaker,* Fry & Zey

*Place of Business,* 54 & Broadway *Address,* 25 & Fremont Ave

Wilmer Brevitor *M. D.*
Medical Attendant,

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 16925

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC. 22, 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann McElroy

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 64 *Years,* ~~ *Months,* ~~ *Days.*

*Color,* White

*~~Married,~~ ~~Single,~~ Widow or ~~Widower,~~* {Cross out the word not required in this line.} Widow

*Occupation,* ~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Roscommon Ireland

*Duration of Residence in the City of Baltimore,* 30 years.

*Place of Death,* {Give street and number} N W Cor Chestnut & Forest & 49 Forest.

*Cause of Death,* First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cemetery

*Date of Burial,* Dec 22nd 1880

Applegate M. D.
Medical Attendant.

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St *Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 44926 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Sutton

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 57 *Years,* *Months,* *Days.*

*Color,* Col.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Laundress

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Talbot Co. Md.

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} 113 So. Bethel St.

*Cause of Death,* First, (Primary.) Valvular Disease of the Heart

Second, (Immediate.) Apnoea

*Duration of Last Sickness,* About 24 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Dallas St Cemetery

*Date of Burial,* Dec 22nd 1880

*Undertaker,* Thos J Locke

*Place of Business,* 43 Jefferson

G. L. Wilson M.D.,
Medical Attendant.

*Address,* 114 So. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Physician's attention is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44927

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Lowles

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Nurse

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} ~~City~~ Dublin Ireland

*Duration of Residence in the City of Baltimore,* Always 35 Years

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* { First, (Primary,) Dropsy Ovarian
Second, (Immediate,)

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Peters

*Date of Burial,* 22nd Dec

*Undertaker,* J B Keech

*Place of Business,* 701 West Baltimore St

F W Ellis M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to Entry

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 19th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathaniel Leahy

*Sex, Male or Female,* {cross out the word not required in this line.} male

*Age,* one *Years,* *Months,* after *Days.*

*Color,* African

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* a Servant

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 34 Ma. Lt.

*Duration of Residence in the City of Baltimore,* 34 Ma. Lt.

*Place of Death,* {Give street and number} Cold on the Lungs

*Cause of Death* { First, (Primary,) Pneumonia
Second, (Immediate,) About two weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Albany E. Cemetery

*Date of Burial,* Dec 22 1880

{ *Undertaker,* Theo Lockes
*Place of Business,* 53 Jefferson st

A. J. Steiner M. D.
Medical Attendant.

*Address,* 169 Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 21st

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Yeager

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* ..... *Months,* 36 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} No 5 Stockholm st

*Cause of Death* { First, (Primary,) Premature birth

Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* Dec 22nd 1880

*Undertaker,* Julius Kochler

*Place of Business,* Cross & Sharps Sts

J. C. Buck M. D.
Medical Attendant.

*Address,* 151 W Lanvale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/4930

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under peralty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 21/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Rich

*Sex, ~~Male or Female~~,* {cross out the word not required in this line.}

*Age,* 20 *Years,* 3 *Months,* *Days.*

*Color,* white

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 315 N Gay st

*Cause of Death,* First, (Primary,) Tuberculosis

Second, (Immediate,)

*Duration of last Sickness,* about one year

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Cem

*Date of Burial,* Dec 27, 1880

F H Warner M. D.
Medical Attendant.

*Undertaker,* Henry Hock

*Place of Business,* 3 N Central Ave *Address,* 256 N Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FIL

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44931

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 21st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Dunbracco

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 19 *Years,* ____ *Months,* ____ *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States if of foreign birth.} Queen Anne Co. Md.

*Duration of Residence in the City of Baltimore,* Since 1872

*Place of Death,* {Give street and number} 283 Mc Donough St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Heart affection

*Duration of last Sickness,* Four days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Decbr 23d 1880 Edward R. Hard *M. D.*
Medical Attendant.

*Undertaker,* D.W. Mayer (2)

*Place of Business,* 12 W. Balto St *Address,* 248 N. Lombard St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Bureau of Health, City of Baltimore.

Permit No. 44932 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Powell

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 4 *Months,* 20 *Days.*

*Color,*

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 76 Years

*Place of Death,* {Give street and number.} No 29 Hisquith Street

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Dec. 23rd 1880

*Undertaker,* Wm. H. Eichenauer

*Place of Business,* 234 N. Gay St

Saml. E. Powell M.D.,
Medical Attendant.

*Address,* No 29 Hisquith St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44933 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decr 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Rosa Koch

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ——— *Years,* ——— *Months,* Twenty (20) *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bell City Lucie Co Fla

*Duration of Residence in the City of Baltimore,* Lucie Co Fla

*Place of Death,* {Give street and number.} 202 E. Eager St

*Cause of Death,* First, (Primary.) Dysentery

Second, (Immediate.) ———

*Duration of Last Sickness,* 2 Hours (?) Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Dec. 22nd '80

*Undertaker,* M. Hanor

*Place of Business,* 280 Eastern Ave

J. W. Adams M.D.,
Medical Attendant.

*Address,* E. Eager cor Collington Ave

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 4493 4

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 21 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Effie Virginia Blackburn

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Female

*Age,* 1 *Years,* 4 *Months,* ——— *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 30 Byrd Street

*Cause of Death,* First, (Primary.) Natural

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* December 22 1880

*Undertaker,* A. B. Hearle

*Place of Business,* 82 West Street

F. K. Wiley M.D.,
Medical Attendant.

*Address,* ———

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4 4 935

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Lyon

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* Thirty *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Hack Driver

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* Fifteen Years

*Place of Death,* {Give street and number} No. 34 Marion st.

*Cause of Death* { First, (Primary,) Exposure
Second, (Immediate,) Typhoid Pneumonia

*Duration of last Sickness,* One weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec 23d 1880

*Undertaker,* James P. Byrne

*Place of Business,* No 63 N. Front St

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. Greene st.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44936

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Maschmeyer

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 41 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* Fourteen years

*Place of Death,* {Give street and number.} 15 South Spring

*Cause of Death,* First (Primary,) Strangulated Femoral Hernia

Second (Immediate,) Gangrene

*Duration of Last Sickness,* Twelve days

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Church

*Date of Burial,* Dec 24. 80

*Undertaker,* Henry Snyder

*Place of Business,* 222 Canton Ave

H E Hooks M. D.
Medical Attendant.

*Address* 241 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore.

Permit No. 44937

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 21 " 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Rees

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} N. E. Cor. Canton av. and B. Water st.

*Cause of Death,* First, (Primary.) Bronchitis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* December 23d

*Undertaker,* Henry Sunder

*Place of Business,* 412 Canton Ave.

G. L. Wilkes M.D.,
Medical Attendant.

*Address,* 77 So. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 44938 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 21" 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M Brown

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ~~Years,~~ 7 Weeks Months, 2 Days.

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} # 148 Raborg St

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} 148 Raborg St Balto City

*Cause of Death,* First, (Primary.) Cold

Second, (Immediate.) Whooping Cough

*Duration of Last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Dec 22" 80

*Undertaker,* Chr Cook

*Place of Business,* 4 W Balto St

James A Steuart M.D.,

Comm of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41939

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decem. 19 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelia Bond

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 68 *Years,* — *Months,* — *Days.*

*Color,* Negro

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Laundress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md —

*Duration of Residence in the City of Baltimore,* 20 yrs

*Place of Death,* {Give street and number} 118 Chestnut St

*Cause of Death,* First, (Primary,) Apoplexy —

Second, (Immediate,) ~~24 hrs~~ Effusion 24 hrs —

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Laurel~~ Laurel Cemetery

*Date of Burial,* Dec. 22. 1880

*Undertaker,* Charles A White

*Place of Business,* 36 Granby St

D. Sheets M. D.
Medical Attendant.

*Address,* 143 N. Exeter St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44940

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 22d.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Sanders

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* Fourteen *Months,* ..... *Days.*

*Color,* Yellow

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cambridge Md

*Duration of Residence in the City of Baltimore,* Seven Months

*Place of Death,* {Give street and number} 222 Hanover St

*Cause of Death* First, (Primary,) Pertussis

Second, (Immediate,) Spasm

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 22

*Undertaker,* H. Ross

*Place of Business,* 95 Conway St

Wm. Hall M. D.
Medical Attendant.
Southern Dispensary
Address, 77 Hill St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 44941 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Martha Ann Neal

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 48 *Years,* *Months,* *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 25 Years

*Place of Death,* {Give street and number.} 262 Hamburg

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 5 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Wash. St Cemetery

*Date of Burial,* December 22

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St

Charles Cook M.D.,
Medical Attendant.

*Address,* 146 Hamburg St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 11942

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 21st. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David R. Hoover

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 48 *Years,* 6 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Philadelphia Pa.

*Duration of Residence in the City of Baltimore,* 38 years

*Place of Death,* {Give street and number} 430 Mill Anna

*Cause of Death* { First, (Primary,) Pneumonia
Second, (Immediate,) .....

*Duration of last Sickness,* Four Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem

*Date of Burial,* Dec 23d

{ *Undertaker,* H Frankhuis
*Place of Business,* 244 Eastern Av

Samuel E. Donnelle M. D.
Medical Attendant.

*Address,* 39 E Baltimore St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 41943

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Jones

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 32 *Years,* —— *Months,* —— *Days.*

*Color,* Col'd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Lexington Va.

*Duration of Residence in the City of Baltimore,* 3 Years

*Place of Death,* {Give street and number} 23 McKim St

*Cause of Death* { First, (Primary,) ——— Second, (Immediate,) Puerperal Fever

*Duration of last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* ~~Bethel~~ Dallas St Cemetry

*Date of Burial,* Wednesday 23d December

*Undertaker,* John Locks

*Place of Business,* Wolf St

Silas N. Hunter M. D.
Medical Attendant.

*Address,* 36 Gravenant Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 21/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Palestine Taylor

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ..... *Years,* 11 *Months,* ..... *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number} 183 East St

*Cause of Death* { First, (Primary,) Teething
, { Second, (Immediate,) Convulsions

*Duration of last Sickness,* about 10 days

All the above information should be furnished by the Physician.

*Place of Burial* Laurel Cemetery

*Date of Burial,* Dec 23rd 1880

{ *Undertaker,* John W. Locks

{ *Place of Business,* .....

Baltimore M. D.
Medical Attendant.

*Address,* 256 N Eden St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4/4/9415

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Downey Hunter

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ——— *Years,* —— 2 *Months,* 2 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of* Baltimore,

*Place of Death,* {Give street and number} 389 Park Ave

*Cause of Death* {First, (Primary,) Whooping Cough

Second, (Immediate,)

*Duration of last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial* Cathedral Cemetery

*Date of Burial,* 23rd Dec 1880

*Undertaker,* H. W. Jenkins Son

*Place of Business,* 16 Light St

Felix Jenkins M. D.
Medical Attendant.

*Address,* No 2 Cathedral St.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 44946

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Schedlie~~ Charlotte Hawkins

*Sex,* ~~Male~~ *Female,* {cross out the word not required in this line.}

*Age,* One *Years,* And about 8 *Months,* *Days.*

*Color,* Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* One year and 8 months

*Place of Death,* {Give street and number} 63 Penn St near Pine

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* Ten days

All the above information should be furnished by the Physician.

*Place of Burial,* Woodlawn Cemetery

*Date of Burial,* Dec 22d 1880

*Undertaker,* E R Chase

*Place of Business,* 120 Howard St

J. Hinglang M. D.
Medical Attendant.

*Address,* 152½ N. Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sam'l Chambers

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days,*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent County Md

*Duration of Residence in the City of Baltimore,* Many Years

*Place of Death,* {Give street and number} 104 Sarah (Street) at

*Cause of Death,* First, (Primary.) Asthma

Second, (Immediate,)

*Duration of last Sickness,* Six Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec. 22 1880

*Undertaker,* S McGrath

*Place of Business,* 19 Howard St

Sam'l H. Anderson M. D.
Medical Attendant.

*Address,* Franklin & Pine Sts.

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 44948 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 20/80

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Elijah Smith

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* Brown Skin

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 57 St Paul St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonitis

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem'y

*Date of Burial,* Dec 23 / 1880

*Undertaker,* Pat Mullin

*Place of Business,*

T. F. Ward M.D.,
Medical Attendant.

*Address,* 127 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 42949

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42949

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude D. Short

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* Five *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore, Md.

*Duration of Residence in the City of Baltimore,* Like Time

*Place of Death,* {Give street and number} No. 221 N. Bond Street.

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* Four Days

All the above information should be furnished by the Physician.

*Place of Burial,* Methodist Cem. P. Road

*Date of Burial,* Dec 22nd 80

*Undertaker,* Hoy & Bro.

*Place of Business,* 64 N. Broadway.

Wm. H. Cudmiss M. D.
Medical Attendant.

*Address,* Inv. 102 N. Broadway

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 14930 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec. 21. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blandt. Hillaya

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.} —

*Age,* Years, 19. Months, Days.

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltic

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 58 N. Spring St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* Seven Days

V

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 22 1880

*Undertaker,* Wilkins & Lingee

*Place of Business,* 62 East St

J. J. Smith M.D.,
Medical Attendant.

*Address,* 137 Eden St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. James

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.} Male

*Age,* ~~—~~ *Years,* 6 *Months,* 6 *Days.*

*Color,* Mulatto

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} Infant

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 93. Sterling Strat

*Cause of Death,* {First (Primary.) / Second (Immediate.)} Accute Hydrocephalus

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Lanel Cemetry

*Date of Burial,* December 22: 1880

*Undertaker,* Wilian A Dugee

*Place of Business,* 62 East St

J. E. Whiteford M. D.
Medical Attendant.

*Address* 195 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 44952

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 22? 1880 BALTIMORE

*Date of Death,* Dec. 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hagan

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 4 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 70 Block E.

*Cause of Death,* First, (Primary.) Scarlatina - Pneumonia - also Dy

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* About Four (4) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Dec 24th 1880

*Undertaker,* Elisha Cox

*Place of Business,* 84 & 86 Bank St *Address,* 77 Dr. Broadway

G. L. Williams M.D.,

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4953

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 21st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Johnson.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 35 *Years,* 4 *Months,* 8 *Days.*

*Color,* Mulatto.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. County, Md.

*Duration of Residence in the City of Baltimore,* about 14 years.

*Place of Death,* {Give street and number} 22 Wayne St.

*Cause of Death* First, (Primary,) Consumption.

Second, (Immediate,)

*Duration of last Sickness,* about 9 years.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 23rd 1880

J. W. White M. D.
Medical Attendant.

*Undertaker,* Samuel W. Chase

*Place of Business,* 198 E. Monument St. *Address,* Southern Dispensary

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED DEC 22 1880 BALTIMORE.

Date of Death, Dec 22nd 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Laubusch

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 58 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-two years.

Place of Death, {Give street and number} # 312 Canton Av.

Cause of Death, { First, (Primary,) Typhoid Pneumonia.
Second, (Immediate,)

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, Dec. 22 nd

{ Undertaker, H. Tiffel.
{ Place of Business, S. Bond st.

John H. Rehberger M. D.
Medical Attendant.

Address, # 243 Aliceanna St

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate set- forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per- eceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...BLANT & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 14953

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 21st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Gambrill

*Sex,* ~~Male~~ *Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 6 *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Anne Arundel Co Md

*Duration of Residence in the City of Baltimore,* 6 Months

*Place of Death,* {Give street and number.} 6 Vincent alley

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Meningitis

*Duration of Last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Pub Cem

*Date of Burial,* Dec 22nd 1880

*Undertaker,* Fred A. Kerchner

*Place of Business,* 50 S. Carroll ave

James A Steuart M.D.,

Medical Attendant

Comm of Health

*Address,* & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by Geo. E. Brown

Board of Health, City of Baltimore.

Permit No. 4496 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 23rd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary B. Hartlove

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* — *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* V

*Place of Death,* {Give street and number.} 195 Scott St.

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diphtheretic Laryngitis

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet

*Date of Burial,* December 24th

*Undertaker,* Armstrong & Denny

*Place of Business,* Light & Montgomery *Address,* 15 2. Sharp St.

R. J. H. Tall M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 44957

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 20th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia S. Johnson

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 74 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Attendant at North Point Light House

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Deals Island (Chesa. Bay)

*Duration of Residence in the City of Baltimore,* + +

*Place of Death,* {Give street and number} No 75 Griffiths Court. ~~Fleet~~, cor. Eastern Ave & Broadway.

*Cause of Death,* First, (Primary,) —

Second, (Immediate,) Pneumonia (Catharal)

*Duration of last Sickness,* Three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* E. Pub Cemy

*Date of Burial,* Dec 23 1880

*Undertaker,* Jar Mullin

*Place of Business,* —

A. V. Goswiler, *M. D.*
Medical Attendant.

*Address,* 144 S. Ann St. near Gough St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 14958

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Neel

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 4 *Years,* 8 *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 492 N Fremont

*Cause of Death,* First, (Primary.) Diptheria

Second, (Immediate.)

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 24th 1880

H. J. Mack M.D.,
Medical Attendant.

*Undertaker,* Walter Sumwalt

*Place of Business,* Biddle St *Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44959

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 22nd

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Walter Fisher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} N. E. Cor. Eden & Mulligan

*Cause of Death,* First, (Primary.) ~~Cyanosis~~

Second, (Immediate.) Cyanosis

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec. 24th 1880

*Undertaker,* H. Hofmann

*Place of Business,* 634 N. Eden St. *Address,* 137 Calvert St.

E. E. Jones *M.D.,*
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 22nd 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} B. Franklin Tickner

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* two *Years,* three *Months,* three *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number} # 200 S. Fremont St.

*Cause of Death,* {First, (Primary.) Scarlet Fever
Second, (Immediate,)

*Duration of last Sickness,* Two Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* December 24th

*Undertaker,* Wm C Tolson

*Place of Business,* 45 S. Eutaw St

J. Tyler Smith M. D.
Medical Attendant.

*Address,* 221 Bank St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 44961

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Feldman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 13 *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give street and number.} No 148 Bakery st

*Cause of Death,* First, (Primary.) Typhoid Fever

Second, (Immediate.)

*Duration of Last Sickness,* 28 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Com

*Date of Burial,* Dec 24 th 1880

*Undertaker,* Julius Koehler

*Place of Business,* Sharp & Cross sts *Address,* 265 W Lombard

J G Mumbler *M.D.,*
Medical Attendant.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 44962

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23? 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Haverkamp

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 11 *Months,* 12 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore Co

*Duration of Residence in the City of Baltimore,* about 18 months

*Place of Death,* {Give street and number.} 2488 So. Eutaw St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) "

*Duration of Last Sickness,* about 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem

*Date of Burial,* Dec 24th 1880

*Undertaker,* Julius Kochler

*Place of Business,* Sharp & Cross sts *Address,* 161 So. Sharp St

D. A. Beece M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4963

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John J Abrahams

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 71 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single, Widow or~~ Widower,* {Cross out the words not required in this line.}

*Occupation,* Ship Builder

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* life time

*Place of Death,* {Give street and number.} 175 N. Calvert St

*Cause of Death,* First (Primary,) Paralysis

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount cem

*Date of Burial,* Dec 25th 1880

F. J. Miles *M. D.*
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* S. Broadway *Address* 24 Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44964

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex Kirk

*Sex,* ~~Male or Female,~~ {Cross out the words not required in this line.} Male

*Age,* 22 *Years,* *Months,* *Days.*

*Color,* W

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

*Occupation,* Shift Elevator Heatter Coal Co

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Elevating Elevator Heather ✓

*Cause of Death,* First (Primary,) 3 Crushed by Machinery

Second (Immediate,) Sudden Death

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Chesapeake City Md

*Date of Burial,* Dec 24 1880

*Undertaker,* Denny F Mitchell

*Place of Business,* S. Broadway

Chas. N. Goff M.D.
Medical Attendant.

*Address,* 6 E Balto St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

2002 Frankt

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 22 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22nd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Andrew Kniekman

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months,* 19 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 164 Leonard St

*Cause of Death* {First, (Primary.) Diphtheritic Croup,
Second, (Immediate.) 6 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Dec 25th 1880

*Date of Burial,* Balto Cemetery

*Undertaker,* Phe. Seward

*Place of Business,* 35 S. Eutaw *Address,* 76 Main St

J. H. Kenny M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4f966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 23 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22 / 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvan Schoenman

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 3 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt city

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 84 Pen ave

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,) ____

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Hebrew Cemetery

*Date of Burial,* December 24

S. J. Knight *M. D.*
Medical Attendant.

*Undertaker,* Walter Emmert

*Place of Business,* 252 N Biddle *Address,* ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4497

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Dec 23 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Smith Son of George W and Mary E Smith

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ Years, ____ Months, 5 hours Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Non

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Allisann St 3d door from Cannon

Duration of Residence in the City of Baltimore, d. Since birth

Place of Death, {Give street and number} Allisann St Near Cannon St

Cause of Death { First, (Primary,) Asthenic / Second, (Immediate,) Inanation

Duration of last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Dec 23d 1880

{ Undertaker, Henry Sander

{ Place of Business, 242 Canton Ave

J. E. Pichard M. D.
Medical Attendant.

Address, 28 O. Donnell St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 41968

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22 "1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha & Henry Reibert (Parents)

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 1/12 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 6th Cross Sheet

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Dec 23 "1880

*Undertaker,* Geo Leimbach

*Place of Business,* 389 W. Pratt St *Address,* Comm of Health

James A Steuart M.D., Medical Examiner

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam'r L. E. Dunbar

# Board of Health, City of Baltimore,

Permit No. 44969

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Shuman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 10 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Her Lifetime 2 months

*Place of Death,* {Give street and number.} St Vincents Infant asylum

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) asthenia

*Duration of Last Sickness,* when admitted

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 24 of December

Wesley Brewer M.D.,
Medical Attendant.

*Undertaker,* Adam Fink

*Place of Business,* 461 So. Gay St *Address,* 68 St Paul St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 44970 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE DEC 23 1880

*Date of Death,* Dec 22. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm H. Barkhuff

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 2 Gilks Lane

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* ~~Under~~ 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* December 24

*Undertaker,* B. Mann

*Place of Business,* 82 West St

Herbert Lee M.D.,
Medical Attendant.

*Address,* 146 Hanover

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

Permit No. 44971

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 20 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Ed Devers

*Sex, Male ~~or Female,~~* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 5 *Months,* ——— *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 24 Gelston's Ct

*Cause of Death,* First, (Primary.) Croup

Second, (Immediate.)

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Marys St Cem'y

*Date of Burial,* Dec 23d 1880

*Undertaker,* Saml W. Chase

*Place of Business,* S. Howard St

James [illegible] M.D.,

[illegible] Comm'r of Health

*Address,* & Registrar

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam'd by Geo E. Brown

# Board of Health of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44972 Office

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or if requested so to do, under penalty of law.

No Permit for Burial shall be Obtained without a Proper Certificate.

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 22 /80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Williams

*Sex, Male or ~~Female~~,* { Cross out the words not required in this line. }

*Age,* 50 *Years,* *Months,* *Days*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the words not required in this line. } Don't Know

*Occupation,* Servant

*Birthplace,* { State or country (and how long in United States, if of foreign birth.) } don't Know

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* { Give street and number. } Maryland Penitentiary

*Cause of Death,* { First (Primary,) Erysipelas / Second (Immediate,) " " of Fauces

*Duration of Last Sickness,* 7 Days

All the above information should be furnished by the Physician.

*Place of Burial,* C. P. Cemetery

*Date of Burial,* December 23

*Undertaker,* Patrick Mullin

*Place of Business,*

Silas Baldwin M.D.
Medical Attendant.

*Address,* 152 Lowsand St

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44973 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22nd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael Dempsey

*Sex, Male or Female,* { Cross out the word not required in this line. } Male

*Age,* ——— *Years,* Six (6) *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ball's City Ireland

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number. } E Biddle St near Jones Valley

*Cause of Death,* First, (Primary.) Pertussis

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* Four (4) Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Louis Cemetery

*Date of Burial,* Dec 24 1880

*Undertaker,* Henry Hoen

*Place of Business,* 369 Central Ave *Address,*

Swinburne *M.D.,*

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 14974

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Hünnekens

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 6 *Years,* 2 *Months,* 12 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 164 E Madison n

*Cause of Death* First, (Primary,) Delirium - Nephritis

Second, (Immediate,) Uraemic poisoning

*Duration of last Sickness,* about 2 weeks

All the above Information should be furnished by the Physician.

*Place of Burial,* St Denis Cemetery

*Date of Burial,* December 24 1880

F Warner *M. D.*
Medical Attendant.

*Undertaker,* Henry Hoen

*Place of Business,* 369 Central Ave *Address,* 250 N Eden n

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 44975

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

*Date of Death,* December 23 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Brietz

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* 1 *Years,* 10 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Bath

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number. } 112 Hamilton St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diphtheria

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincent Cemetery

*Date of Burial,* Dec 24th

*Undertaker,* Henry Britz

*Place of Business,* Hamilton St 81

Thos Gordon Booth M.D.,
Medical Attendant.

*Address,* 146 Hillen corner St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No.

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44976

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 20/880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} A Caroline Jacobs

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* — *Years,* 5 *Months,* 29 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Child

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balti

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 233 S. Durham St

*Cause of Death* { First, (Primary,) } A Marasmus
{ Second, (Immediate,) } During Life

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Carmel Cem

*Date of Burial,* Dec. 29th 1880

*Undertaker,* John P. Poulsons

*Place of Business,* 66 Frederick [redacted] *Address,* 11 S. Hugh St

A. Traynor Thrasher M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 44977

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 23/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Dehoff

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ? *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 273 S. Bond St.

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 24 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* December 24th 1880.

*Undertaker,* Leonhard Kurtz

*Place of Business,* S. Bond str. cor. Aliceanna

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 417 S. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. ....

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 44978

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 23 d. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah J. Cashman

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Infant

*Occupation,* "

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* all of life

*Place of Death,* {Give street and number} 272 Division St

*Cause of Death* { First, (Primary,) Pneumonia. / Second, (Immediate,) "

*Duration of last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* Dec 24th 1880

*Undertaker,* Chas I Scriven

*Place of Business,* 271 N Eutaw St

J. H. Christian M. D.
Medical Attendant.

*Address,* 431 Penna. Ave.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 1446

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 44979

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A Bomberger

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 56 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Lowndt Co Md

*Duration of Residence in the City of Baltimore,* 32 Years

*Place of Death,* {Give street and number} 259 Light St. Balto.

*Cause of Death,* First, (Primary.) Pulmonary Consumption

Second, (Immediate,) ____

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* 2 o'clock Saturday

*Undertaker,* Armstrong & Lonny

*Place of Business,* cor Light & Montgomery

W. T. Hodge M. D.
Medical Attendant.

*Address,* 201 Glenn St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 41980 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine, D. Powell

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 3, *Months,* 14 *Days.*

*Color,* W

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 76 E Chester

*Cause of Death,* First, (Primary.) Acute Bronchitis

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Dec 24th

*Undertaker,* H. Fackler

*Place of Business,* 244 Eastern Av

Wm. L. Purnell M.D.,
Medical Attendant.

*Address,* Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 4-4987 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or before, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23 "1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harrison Stewart

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 23 *Years,* —— *Months,* —— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 114 S. Spring St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Dec 27th 1880

*Undertaker,* The. J. Locke

*Place of Business,* Jefferson St

James A Steuart M.D.

~~Medical Attendant~~ Comm of Health

*Address,* & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examd Leo E Taylor

# Board of Health, City of Baltimore,

Permit No. 44982 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hall

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* —— *Months,* —— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 81 N. Spring St

*Cause of Death,* First, (Primary.) Mal Nutrition

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* all to Life

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel And

*Date of Burial,* Dec 28 1880

*Undertaker,* The J. Locke

*Place of Business,*

I Thos H Clem M.D., Comm of Health & Registrar

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Exam'd Geo E. Taylor

# Board of Health, City of Baltimore,

Permit No. 4 4983 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23 rd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hanny Sanders

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 15 *Years,* —— *Months,* —— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balte md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 74 N. Ann St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Congestive Chill

*Duration of Last Sickness,* one day

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 28 th 1880

*Undertaker,* The "d Locke

*Place of Business,* ——

James H Steuart M.D.,

Attending Physician.

Comm of Streets

*Address,* & Registrar

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined Theo E. Taylor

No. 11490

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 11984

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Hebler

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 59 *Years,* 9 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number} No 8 W. Eutaw St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 3 weeks

**All the above information should be furnished by the Physician.**

*Place of Burial,* Bolt Cemetery

*Date of Burial,* Dec. 25th 1880

*Undertaker,* Rau & Bartel

*Place of Business,* 624 N Balt St

G. Liebmann M. D.
Medical Attendant.

*Address,* 229 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 44985 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 22 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J Davis

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 7 *Years,* *Months,* *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 4 Reese Alley

*Cause of Death,* First, (Primary.) Diptheria

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Ja. Cemetery

*Date of Burial,* Dec 24 1880

*Undertaker,* S. W. Chase

*Place of Business,* 95 Lanvale St

W. S. Bar M.D.,

Medical Attendant.

*Address,* 206 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11198

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 14986

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Hood

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 82 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Widow

*Occupation,* .....

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore Life

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* { Give street and number } 184 Saratoga St

*Cause of Death,* { First, (Primary,) Paralysis

Second, (Immediate,) .....

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* December 25th 1880

*Undertaker,* Wm. A. Weaver

*Place of Business,* No 202 N. Eutaw St

Geo. Williams M. D.
Medical Attendant.

*Address,* 211 W. Monument St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 44987

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or the Coroner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 22 1880 BALTIMORE.

## CERTIFICATE OF DEATH

*Date of Death,* December 22d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Milton Hill

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 2 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 180 Gough Street

*Cause of Death,* First, (Primary.) Catarrh

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* About 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Bate's Cemetary

*Date of Burial,* Saturday Dec 25th

*Undertaker* H. Fralick

*Place of Business,* Eastern Ave

Milton A. Taylor M.D.,
Medical Attendant.

*Address,* Broadway & Mc Elderry

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44988

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas M. McCormick

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 62 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 62 years

*Place of Death,* {Give street and number} 345 Madison Ave

*Cause of Death* { First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Dec 24th 1880

*Undertaker,* Thos. F. Hughes

*Place of Business,* 60 Eighth *Address,* 97 N. Charles

Thomas Sheaver M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 44989

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore.*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44989

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *as fully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 22 December 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter H Ridgeway

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* ____ *Years,* 2 *Months,* 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* { Give street and number } 224 N Carrollton Avenue

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) Asthenia

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem

*Date of Burial,* Dec 23rd 1880

Geo A Jones M. D.
Medical Attendant.

*Undertaker,* Geo W Mitchell

*Place of Business,* 560 W Fayette Address, Ex Fayette Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 44990

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Emmerich (Emmerich)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 32 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* For 12 Years

*Place of Death,* {Give street and number.} 262 West St

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec. 24th 1880

*Undertaker,* Sam'l H. Chase

*Place of Business,* 198 S. Howard St. *Address,* 20 E. Lexington

U.S. Barge M.D.,

Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 22 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Rueby Redding

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 40 *Years,* ——— *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Kent Co Md

*Duration of Residence in the City of Baltimore,* 8 years

*Place of Death,* {Give street and number} 2 Paynes alley near Pearl

*Cause of Death* First, (Primary,) Typhoid Pneumonia

Second, (Immediate,) Relapsing fever

*Duration of last Sickness,* ———

All the above information should be furnished by the Physician.

*Place of Burial,* Saint Elmo

*Date of Burial,* Dec 24 1880

*Undertaker,* John L Jones

*Place of Business,* No 63 Pratt St

G W Ames M. D.
Medical Attendant.

*Address,* Cor Eutaw & Pearl

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44992

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Oct 24th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boyle

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 26 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Hucksters

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 26 Years

*Place of Death,* {Give street and number} 73 ~~Low~~ Parkin

*Cause of Death* {First, (Primary,) Peritonitis

Second, (Immediate,) Ovarian

*Duration of last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters

*Date of Burial,* Oct 26th 80

*Undertaker,* Geo Cook

*Place of Business,* 70 W Balto

A Lindenmeyer *M. D,*

Medical Attendant,

*Address,* 38 W Lombard

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 44993

The Physician who attends any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Louisa Stewart

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ____ *Years,* Six *Months,* twenty one *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 72 Wilmer Alley

*Cause of Death,* First (Primary,) Bronchitis with actual congestion

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 25th

T. Handley M. D.
Medical Attendant.

*Undertaker,* Jno. W. Pentz & Son

*Address* 178 Penna Ave

*Place of Business,* 130 Hanover St

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***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

Permit No. 44994

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 24th December 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel S. Benjamain

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* Forty (40) *Years,* Four (4) *Months,* *Days.*

*Color,* White.

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* School janitor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} No 600 N. High Street. Baltimore

*Cause of Death,* First, (Primary.) Chronic Bronchitis.

Second, (Immediate.) Exhaustion from Stomatitis, Pharyngitis and Bronchitis.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Dec 27th 1880

*Undertaker,* John Lake

*Place of Business,* 161 Balt St

H. Crum Bibbins M.D.,
Medical Attendant.

*Address,* 47 Franklin St.

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 44995

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Berthe Louise Kelly

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 3 *Years,* 1 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 67 S. Washington St

*Cause of Death,* First, (Primary.) Acute Meningitis

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* One (1) day

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem

*Date of Burial,* Dec 25. 1880

*Undertaker,* M. A. Dwyer

*Place of Business,* 74 S. Broadway

L. G. L. Wilkins M.D.,
Medical Attendant.

*Address,* 74 do Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 44996

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No* 44996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1898 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 24 1898

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederica Groman

~~*Male or*~~ *Female,* {cross out the word not required in this line.}

*Age,* 56 *Years,* 8 *Months,* 2 *Days.*

*Color,*

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and number} 209 E Fayette St

*Cause of Death* First, (Primary,) Stenosis, Oesophagus, Scirrhus Cardiac Portion

Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 1 year

**All the above information should be furnished by the Physician.**

*Place of Burial,* Baltimore Gen

*Date of Burial,* Dec 26th

*Undertaker,* Ramsey Bartell

*Place of Business,* 62½ W Balt St *Address,* 137 Fayette E

L Buttorff M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 41997

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 23 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah White

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 36 *Years,* — *Months,* — *Days.*

*Color,* Col'd

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number.} 270 N. Eutaw (rear)

*Cause of Death,* First, (Primary.) Typhoid fever

Second, (Immediate.)

*Duration of Last Sickness,* 2½ weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Harrisburg, Pa.

*Date of Burial,* Dec 25

*Undertaker,* Chas J Scriven

*Place of Business,* 271 E Eau

Chas Tarleyhill M.D.,
Medical Attendant.

*Address,* 129 W Biddle

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**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit 2603

# Board of Health, City of Baltimore.

Permit No 44998

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23rd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Anthony Anderson

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* Years, 6 Months, 21 Days.

*Color,* Mulatto

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 57 St Paul St

*Cause of Death,* First, (Primary.) Dentition

Second, (Immediate.) Enteric Colitis

*Duration of Last Sickness,* about 2 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cem

*Date of Burial,* Dec 25 1880

*Undertaker,* Pat Mullin

*Place of Business,* 6 P. Parkway

J. E. Ware M.D.,
Medical Attendant.

*Address,* 127 St Paul

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 44999

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Bilche Baer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 86 *Years,* × *Months,* V *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Widow

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany, 30 years

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} ~~[illegible]~~ 74 Caution Ave

*Cause of Death,* First (Primary,) Old age

Second (Immediate,) Diarhoea

*Duration of Last Sickness,* Several years

All the above information should be furnished by the Physician.

*Place of Burial,* Lloyd St Hebrew A Friedenwald M. D.

Medical Attendant.

*Date of Burial,* Dec 26 th 1880

*Undertaker,* Mrs Eilau *Address* 88 N Eutaw Street

*Place of Business,* 101 Lough St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

45000

Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or , if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* October 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Ida May Sebastian

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ____ *Years,* 1 *Months,* 3 *Days.*

*Color,* White *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} ~~Married, Single, Widow or Widower~~

*Occupation,* ~~—~~

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 25 N Exeter St

*Duration of Residence in the City of Baltimore,* ~~—~~

*Place of Death,* {Give street and number.} 25 N Exeter St

*Cause of Death,* First (Primary,) ____

Second (Immediate,) Convulsions

*Duration of Last Sickness,* From Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Crumpton 2. A. Co Md Dr Wm Cooper M. D.

*Date of Burial,* Dec 25th 10 Oclk Boat Medical Attendant.

*Undertaker,* D W Myers Murrian

*Place of Business,* 12 W Balto St *Address* 498 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate rth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. [illegible]

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45001

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 24. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Leahey

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 80 *Years,* — *Months,* — *Days.*

*Color,* W

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} N. Road number 6

*Cause of Death* {First, (Primary.) Pneumonia / Second, (Immediate.)

*Duration of last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cemetery

*Date of Burial,* Dec 26

Chas. G. Hoff M. D.
Medical Attendant.

*Undertaker,* J B Cook

*Place of Business,* 707 West Balto Street *Address,* 206 N. Gay St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 45021

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4[redacted]2 5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Douglas Johnson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 193 Hollins St.

*Cause of Death,* First, (Primary,) Pericarditis

Second, (Immediate,)

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olive Cem.

*Date of Burial,* Dec. 25th 1880

*Undertaker,* J B Cook

*Place of Business,* 707 W. Balto St

John Neff M. D.
Medical Attendant.

*Address,* S E Cor Carrollton & Harlem Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 45005

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 22 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Lipsett

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* [redacted] *Years,* 8 *Months,* 23 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 220 West St

*Cause of Death,* First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cemetery

*Date of Burial,* December 25

*Undertaker,* H. Ross

*Place of Business,* 95 Conway St

W. S. Bond M.D.,
Medical Attendant.

*Address,* 202 Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wright

*Sex, Male or ~~Female~~,* {Cross out the words not required in this line.}

*Age,* ~~Years,~~ *Months,* 13 *Days*

*Color,* Colard

*~~Married~~, Single, Widow or ~~Widower~~,* {Cross out the words not required in this line.}

*Occupation,* non

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} No 12 Libary-st

*Duration of Residence in the City of Baltimore,* all time

*Place of Death,* {Give street and number.} No 12 Libary st

*Cause of Death,* First (Primary,) Inflammation of Bowels

Second (Immediate,) Enteritis

*Duration of Last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 27th

*Undertaker,* H. Ross

*Place of Business,* 95 Conway St

E. Wbank M.D.
Medical Attendant.

*Address,* No 36 Davis st Baltimore City md

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 45005

*Office of Registrar of Vital Statistics.*

DEC. [illegible] BALTIMORE

The Physician who attended any person in [illegible] last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* 24th Dec. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pinkey Johnson

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* cd

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} 210 Dover St.

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.)

*Duration of Last Sickness,* during life

All the above information should be furnished by the Physician.

*Place of Burial,* Lamb Cem

*Date of Burial,* Dec 25th 1880

*Undertaker,* H Rose

*Place of Business,* 95 Cross to

James A Steuart M.D.,

Register

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Geo. E. Taylor M.D.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 45006

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Resler

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 57 *Years,* — *Months,* — *Days.*

*Color,* white

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* housekeeper

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Austria

*Duration of Residence in the City of Baltimore,* 13 years

*Place of Death,* {Give street and number.} N 92 Fairmount Ave

*Cause of Death,* First, (Primary.) Morbus Brightii

Second, (Immediate.) —

*Duration of Last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cem

*Date of Burial,* Decem 26 1880

Henry Salzer M.D.,
Medical Attendant.

*Undertaker,* Henry Haouth

*Place of Business,* 209 Central Ave *Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 45007

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 29 1888 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Decr 27th 1888

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Hute

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* Fifty five (55) *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Housewife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 years

*Place of Death,* {Give street and number.} 216 E Eager street

*Cause of Death,* First, (Primary.) Dysentery

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Six weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St James Cemetery

*Date of Burial,* Decemb 29 1888

Hurlburt *M.D.,*

Medical Attendant.

*Undertaker,* Henry Hoerth

*Place of Business,* 309 Central Ave *Address,* 216 E Eager street

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 45008

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45008

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Feb. 24th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schukart

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 32 years

*Place of Death,* {Give street and number} 206 Columbia st

*Cause of Death,* First, (Primary,) Consumption of the Lungs

Second, (Immediate,)

*Duration of last Sickness,* 4 years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Calvary

*Date of Burial,* Feb. 26th Mount Calvary

*Undertaker,* Andrias Knell

*Place of Business,* 206 Columbia st.

H. Tibbets M. D.
Medical Attendant.

*Address,* 95 S. Sharp st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[07 48]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Date of Decease on back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 45009

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Knipe

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* Ninety *Years,* Eight *Months,* Twenty one *Days.*

*Color,* White

~~*Married,* *Single,* *Widow*~~ *or Widower,* {Cross out the word not required in this line.}

*Occupation,* Silversplater

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Montgomery Co Pa.

*Duration of Residence in the City of Baltimore,* Sixty nine years

*Place of Death,* {Give street and number.} № 298 N Bond St

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.) Nervous Exhaustion

*Duration of Last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cemetery

*Date of Burial,* Dec. 26. 1880

*Undertaker,* M. A. Dayis

*Place of Business,* 744 S. Broadway

A. Hartman M.D.,
Medical Attendant.

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to ...

# Board of Health, City of Baltimore,

Permit No. 45010

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} M Josephine Jay

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 35 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 190 Hanover St

*Cause of Death,* First, (Primary.) Hypertrophy of the Heart

Second, (Immediate.) Congestion of the Lungs

*Duration of Last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cem

*Date of Burial,* Dec 27th 1880

*Undertaker,* J. B. Blackstone

*Place of Business,* 146 Balto

Residence Cord M.D.,

Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

No. 45011

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45011

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1880 BALTIMORE MD.

*Date of Death,* Dec 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bettenia Schnatterly

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 10 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt. City

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number} 2 Jackson Place

*Cause of Death* { First, (Primary,) Scarlatina Maligna
Second, (Immediate,) .....

*Duration of last Sickness,* Nine Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Lloyd St. Hebrew

*Date of Burial,* Dec 26th 1880

*Undertaker,* Wm. Silver

*Place of Business,* 101 Gough St

James E Donnelly M. D.
Medical Attendant.

*Address,* 299 E Balt. St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 22012

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4501/2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 24th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Server S.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ~~Years,~~ 1 *Months,* ~~Days.~~

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 220 N. Broadway

*Cause of Death* First, (Primary,) Inanition.

Second, (Immediate,)

*Duration of last Sickness,* 4 wks.

All the above information should be furnished by the Physician.

*Place of Burial,* Dec 25th 1880

*Date of Burial,* Balto Cem

*Undertaker,* W W Archer

*Place of Business,* Ly St

H. L. Reynolds M. D.
Medical Attendant.

*Address,* 186 Aisquith St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45013

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ualf. Hoffman

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Years, 3 Months, 14 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} New York

*Duration of Residence in the City of Baltimore,* 4 days

*Place of Death,* {Give street and number} 25 S. McElderry

*Cause of Death* First, (Primary.) Congestion of Brain

Second, (Immediate.) Convulsions

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Israel

*Date of Burial,* Dec 26 1880

Wm H Hill M. D.
Medical Attendant.

*Undertaker,* Wm. Edelen

*Place of Business,* 101 Gough St Address, 196 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Last of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 45014

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena King

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Randall St. near Light

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Typhus Malarial Fever

*Duration of Last Sickness,* 29 days

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalam Cemetery

*Date of Burial,* Feby 26th 1880

*Undertaker,* Wm Silaw

*Place of Business,* 101 Gough St

R. J. H. Tall M.D.,
Medical Attendant.

*Address,* 152 Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 15015

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 23. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Collins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* ..... *Months,* ..... *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 2. Potapsco Av.

*Cause of Death,* First, (Primary.) Rheumatism.

Second, (Immediate.) Pericarditis

*Duration of Last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Dec 27th 1880

*Undertaker,* Lee & Davis

*Place of Business,* .....

W. S. Bruce *M.D.,*

Medical Attendant.

*Address,* 206 Sharp St

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore.

Permit No. 45016

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

DEC 27 1880 BALTIMORE

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24 - 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Maher

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* Blk

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 8 mts

*Place of Death,* {Give street and number.} 242 West St.

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 26

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St *Address,* 313 Light st.

Chas. P. Elliés M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 43017

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45017

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Elettie Brooks

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 9 *Years,* 3 *Months,* 13 *Days.*

*Color* C

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 71 King St

*Cause of Death,* First, (Primary,) Pneumonia (Casous Degeneration)

Second, (Immediate,) Asthenia —

*Duration of last Sickness,* 3 & 4 wks —

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 26

C. C. McDowell M. D.
Medical Attendant.

*Undertaker,* Hercules Ross

*Place of Business,* 95 Conway St *Address,* 642 W. Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore.

Permit No. 45018 Office of Registrar ...

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

RTMENT. ORE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Wilde

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ~~28~~ *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Confectioner

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} 17 Augusta St

*Cause of Death,* First, (Primary.) Business troubles

Second, (Immediate.) From the effects of taking arsenic Suicide

*Duration of Last Sickness,* About 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* December 26

*Undertaker,* J. D. Kossing

*Place of Business,* 97 Orleans St

Milton H. Fowler M.D.,
Medical Attendant.

*Address,* Broadway & McElderry

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 45019

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James Sheehan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 8 Years

*Place of Death,* {Give street and number.} 20 Armistead Lane

*Cause of Death,* First, (Primary.) Fall on his head

Second, (Immediate.) Injury of the Spinal Cord Producing Paralysis

*Duration of Last Sickness,* 35 Hours

**All the above information should be furnished by the Physician.**

*Place of Burial,* St Patrick Cem'y

*Date of Burial,* Dec 28th 1880

*Undertaker,* [illegible]

*Place of Business,* [illegible]

Theodore Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 11502

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45020

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 25th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Fitzgerald

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* 2 *Years,* 10 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } —

*Occupation,* —

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* { Give street and number } 97 N. Bremont

*Cause of Death,* First, (Primary.) Scarlet Fever

Second, (Immediate,) Diphtheritic Croup.

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Old Catholic Cemetery

*Date of Burial,* Dec 27th 1880

*Undertaker,* P. Kennard

*Place of Business,* 317 Mulberry

Edwd F. Michels M. D.
Medical Attendant.

*Address,* 283 W. Lombard

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 41021

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kramer

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

*Age,* 2 *Years,* 2 *Months,* — *Days.*

*Color,* White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} United States

*Duration of Residence in the City of Baltimore,* 2yrs 2 mos

*Place of Death,* {Give street and number.} 17 N Wolfe

*Cause of Death,* First, (Primary.) Dysentery 4 days

Second, (Immediate.) Paralysis of cardiac

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cemetery

*Date of Burial,* 26th of December.

*Undertaker,* Ambrose Kohler

*Place of Business,* 2446 Lombard St

*Attending* [illegible] M.D.

*Address,* 245 E. Biddle

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 45022 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Heuneman

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow~~ or Widower,* {Cross out the word not required in this line.}

*Occupation,* Grocery Man

*Birthplace,* {State or Country and how long in the United States if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 37 Yrs

*Place of Death,* {Give street and number.} American Dist Telegraph Office Eutaw St

*Cause of Death,* First, (Primary.) Rheumatism

Second, (Immediate.) Heart Disease

*Duration of Last Sickness,* Afternoon

All the above information should be furnished by the Physician.

*Place of Burial,* Sweet Home Cemetery

*Date of Burial,* 27th Dec. 1880

*Undertaker,* H.W. Jenkins & Son

*Place of Business,* 16 Light St.

Alexander Tinsley M.D.,

Medical Attendant.

Coroner

*Address,*

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HALL ... BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* 25 Dec 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Bollman

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 70 *Years,* *Months,* *Days.*

*Color,*

*~~Married, Single~~, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Md

*Duration of Residence in the City of Baltimore,* 6 yrs

*Place of Death,* { Give street and number } Aged Womans Home

*Cause of Death* { First, (Primary,) Hemiplegia

Second, (Immediate,)

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* 26th Dec 1880

*Undertaker,* H. H. Jenkins Son

*Place of Business,* 16 Light St. *Address,* 1 Waverly Terrace

Leo Hoyle M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Rules and Regulations on the reverse side of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45024

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 23rd 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mand Bullock,

*Sex, Male ~~or Female~~,* {Cross out the words not required in this line.}

*Age,* 2 *Years,* 9 *Months,* 16 *Days*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Balt City.

*Duration of Residence in the City of Baltimore,* all his life.

*Place of Death,* {Give street and number.} 2 Russet St.

*Cause of Death,* {First (Primary,) Diphtheria.

Second (Immediate,)

*Duration of Last Sickness,* 4 days, (36 hours under Treatment)

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick Md

*Date of Burial,* December 27th

*Undertaker,* Wm. J. Redmond

*Place of Business,* 65 S. Eutaw St

Wm. J. Redmond M.D.
Medical Attendant.

*Address,* City

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Trans 2005

No. 4500

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45025

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 25 — 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine A. Twelbeck

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 83 *Years,* 10 *Months,* 23 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Hannover (Germany)

*Duration of Residence in the City of Baltimore,* 35 Years

*Place of Death,* {Give street and number} 775 h Eastern Av.

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Old age

*Duration of last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Decbr 27 8

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Ave

L A Winterink M. D.
Medical Attendant.

*Address,* 12 So Odea

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No* 41502.6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmond T. H. Walther

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* 63 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*Married, ~~Single,~~ ~~Widow or Widower,~~* {Cross out the words not required in this line.}

*Occupation,* Tobacconist

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 412 E Madison St

*Cause of Death,* First (Primary,) Erysipelas

Second (Immediate,) Coma

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount

*Date of Burial,* Dec. 26th, 1880

*Undertaker,* Wm. H. Pickman

*Place of Business,* 234 N. Gay St

Wm H Stiffenderffer M. D.
Medical Attendant.

*Address* 100 & 102 E. Fayette St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 45027

# Board of Health, City of Baltimore.

## Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

## CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 25 1880 BALTIMORE

*Date of Death,* Dec 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frank Talbott

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* *Months,* 2 *Days.*

*Color,* white

*~~Married~~, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* all life

*Place of Death,* {Give street and number.} SW Cor High & Fayette Res 488 E Fayette

*Cause of Death,* First, (Primary.) Stab with knife

Second, (Immediate.) Left ventricle of heart opened & hemorrhage into pericardium & left pleura

*Duration of Last Sickness,* 1 hour 10 minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 27th

*Undertaker,* Geo Schilling

*Place of Business,*

Edmund Walker M.D.,
Medical Attendant.

*Address,* Corner M & D

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45028

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary E. Irvine

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 56 *Years,* 2 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* About 12 years

*Place of Death,* {Give street and number.} No 5 Oliver St

*Cause of Death,* First, (Primary.) Dilitation of Heart with Pul

Second, (Immediate.) Emphysema

*Duration of Last Sickness,* About 24 hours

**All the above information should be furnished by the Physician.**

*Place of Burial,* New Cathedral Cemetery

*Date of Burial,* Dec 26th 1880

*Undertaker,* Henry W. Means

*Place of Business,* 45 N Bay St

[illegible] M.D.,

Medical Attendant.

*Address,* 582 [illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 45129

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 26/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Glaser

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life time

*Place of Death,* {Give street and number.} 244 S. Bond St.

*Cause of Death,* First, (Primary.) Congestion of the Brain

Second, (Immediate.) Complication of Colica Pictonum

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Lemoty

*Date of Burial,* Dec 27

*Undertaker,* Wendell Dugal

*Place of Business,* Bond & 95

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 45030

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

REGISTRAR DEC 25 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 25/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Beck

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 2 *Months,* ..... *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* dering Life

*Place of Death,* {Give street and number.} 304 Canton av.

*Cause of Death,* First, (Primary.) Infantile Convulsions

Second, (Immediate.)

*Duration of Last Sickness,* 2 Hours

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cemty

*Date of Burial,* Dec 26th

*Undertaker,* H. Froehlich

*Place of Business,* 244 Eastern Ave

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 167 S Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 10831

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 31st 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George A Lindsay

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 7 *Years,* / *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} U S A

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 2071 E Central Avenue

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Catarrhal Congestion of Lungs

*Duration of last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* 2d of Dec at ten o'clock J. Ridgway Andrae *M. D.*

Medical Attendant.

*Undertaker,* Mr C. P. Burns

*Place of Business,* Front St

*Address,* 121 E Baltimore St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 45037

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1860 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 24th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Brooks

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 35 *Years,* *Months,* *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Washerwoman

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} ~~No 6 Lamb Alley~~ 49 Carlton St

*Cause of Death* { First, (Primary,) Tuberculosis / Second, (Immediate,) Exhaustion

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Dec 26 1860

*Undertaker,* William Burgess

*Place of Business,* No 62 East Bal St *Address,* Balto Jail Dept

R. B. Morson M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The special attention of Physicians is respectfully invited to the Rules on [illegible] of this Certificate.

# Board of Health, City of Baltimore,

Permit No. 45033

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 24 Dec 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Mc Perkins

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* — *Years,* 9 *Months,* 20 *Days.*

*Color,* B

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} #30 Whetcoat South

*Cause of Death* First, (Primary,) Pulmonary Tuberculosis

Second, (Immediate,)

*Duration of last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 26th 1880

*Undertaker,* Wm M Dinzel

*Place of Business,* No 62 East [illegible]

Geo L Upshur M. D.
Medical Attendant,

*Address,* 1 Waverly Terrace

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. 45034

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edw. Flach

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.} Male

*Age,* 9 3/12 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, ~~Single,~~ Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Taylor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* all 9 yrs

*Place of Death,* {Give street and number.} 93 W Lafayette St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) .....

*Duration of Last Sickness,* all week

All the above information should be furnished by the Physician.

*Place of Burial,* Eastern Public

*Date of Burial,* Dec 26th 1880

*Undertaker,* Pat Mullin's

*Place of Business,* .....

W H Norris M.D.,
Medical Attendant.

per. Geo K.,

*Address,* East End

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45035

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Christee

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.}

*Age,* One *Years,* Five *Months,* Four *Days.*

*Colored*

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 170 South Dallas St

*Duration of Residence in the City of Baltimore,* One year five months & four days

*Place of Death,* {Give street and number} 170 S. Dallas St

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* Six months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* ~~Dec 26~~ Dec 26

*Undertaker,* Thos Lock

*Place of Business,*

S. H. Martin M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the [illegible]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45036

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Dec 25th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Willson Son of John and Mary Willson

Sex, Male or ~~Female~~, {cross out the word not required in this line.} Male

Age, ____ Years, ____ Months, 10 ~~Days~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Pleasant Alley 14

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} Pleasant Alley

Cause of Death { First, (Primary,) Premature birth
Second, (Immediate,) Incanation

Duration of last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, December 27th 1880

{ Undertaker, H. H. Gilmore
Place of Business, 1131 Eastern Ave

J. E. Pritchard M. D.
Medical Attendant.

Address, 28 E O'Donnell St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 45037

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

*Date of Death,* Dec. 26/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wolfman

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* / *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* ——

*Place of Death,* {Give street and number.} 202 S. Bethel

*Cause of Death,* First, (Primary.) Catarrhal Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* one week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Paul Cemetery

*Date of Burial,* 27th of December 1880

*Undertaker,* John C. Schultz

*Place of Business,* 20 Allegany st.

R. W. Marshall M.D.,
Medical Attendant.

*Address,* 117 S Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45038

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 25th. December 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Marianna Anna Kirdis

*Sex, ~~Male or~~ Female,* { cross out the word not required in this line. }

*Age,* 74 *Years,* — *Months,* — *Days.*

*Color,* white

*~~Married, Single~~, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Schmalrichtz, Bavary, Germany

*Duration of Residence in the City of Baltimore,* 28 years.

*Place of Death,* { Give street and number } S. Castle Street 119.

*Cause of Death,* First, (Primary,) Marasmus senilis

Second, (Immediate,) Hydrops, Anasarca

*Duration of last Sickness,* 14 years.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Dec. 27th.

William Hensel M. D.
Medical Attendant.

*Undertaker,* M. Tyrrell

*Place of Business,* No. 220 Canton Address, S. Wolfe & 11th

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 45039

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Guttes

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 6 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 33 Biddford al.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) .....

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Cem.

*Date of Burial,* Dec. 28th.

*Undertaker,* M. Tyrrell

*Place of Business,* No. 280 Canton Av. *Address,* 33 Broadway

James E. Blake M.D., Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore.

Permit No. 45040 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE of DEATH

*Date of Death,* Dec. 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Miller

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* Years, 10 Months, 25 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 426 Canton Ave

*Cause of Death,* First, (Primary.) Pseudo-Membranous Croup

Second, (Immediate.)

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Chm

*Date of Burial,* Dec. 27th

*Undertaker,* H. Franc

*Place of Business,* No. 280 Canton Ave *Address,* S. J. Broadwing

James F. H. Slaue M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of stillbirths and deaths of illegitimate children. [OVER.]

Permit No. 4504

# Board of Health, City of Baltimore,

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Stott

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* 7 *Years,* 5 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~ Single Widow Widower

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Washington D.C.

*Duration of Residence in the City of Baltimore,* 7

*Place of Death,* {Give street and number.} 60 Woodward Pl

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scarlatina

*Duration of Last Sickness,* 1 1/2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 27th 1880

*Undertaker,* Jos. B. Cook

*Place of Business,* 1707 E. Baltimore Street

Wm. J. Stott M.D.,

Medical Attendant.

*Address,* 11 E. Fayette

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 4-5042

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45042

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 26th Dec 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J. A. Ridgely

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 30 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Home Wife

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 2 years

*Place of Death,* {Give street and number} Washington Road

*Cause of Death,* {First, (Primary,) Pulmonary Consumption / Second, (Immediate,) ____

*Duration of last Sickness,* 2 Mos

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters cemetery

*Date of Burial,* Dec 28th 1880

*Undertaker,* F B Cook

*Place of Business,* 707 West Balto

H. H. Hall M. D.
Medical Attendant.

*Address,* 28 Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 45043 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 25th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Cullum,

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* White.

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Housewife.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City.

*Duration of Residence in the City of Baltimore,* Lifetime.

*Place of Death,* {Give street and number.} 24 Miller St.

*Cause of Death,* First, (Primary.) Croupous Pneumonia,

Second, (Immediate.) Exhaustion (Intemperate)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* Dec 27 1880 J. M. Shaubut M.D.,

Medical Attendant.

*Undertaker,* Ray & Gist

*Place of Business,* 548 Broadway *Address,* 222 N Bond Balto

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore.

Permit No. 4580 Ref

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Rau

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. C.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 65 S. Bethel

*Cause of Death,* First, (Primary.) Cerebro-Spinal Meningitis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* Nine (9) Days

All the above Information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* December 28th

*Undertaker,* Wendel Diffel

*Place of Business,* S. Pearl St. 151

G. L. Wilkins M.D.,
Medical Attendant.

*Address,* 77 So. Broadway

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45045

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 25th, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Paruleska

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 1 *Years,* 6 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany,

*Duration of Residence in the City of Baltimore,* Fourteen Days

*Place of Death,* {Give street and number} #10 Shakspeare St

*Cause of Death,* First, (Primary,) Scarlet Fever (malignant.)

Second, (Immediate,)

*Duration of last Sickness,* Eight days.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Lebanon Cem.

*Date of Burial,* December 27th

*Undertaker,* Wendel Dietel

*Place of Business,* 151 Bond St.

John H. Rehberger M. D.
Medical Attendant.

*Address,* #243 Aliceanna St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45046

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Kimble

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* — *Years,* 3 *Months,* — *Days.*

*Color,* M *Sex,* Male

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number.} 10 Liberty Road

*Cause of Death,* First (Primary,) Called at 3AM & this case, found the child dead, with all the signs of death from asphyxia,

Second (Immediate,) child well at bed time. supposed to have been smothered

*Duration of Last Sickness,* —

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters burial Ground

*Date of Burial,* Dec 27th 1880

Chas E Fadler M. D.
Medical Attendant.

*Undertaker,* Jas Safford

*Place of Business,* 621 Penna Ave

*Address* 649 Penna Ave

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

No. 4004

**The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.**

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 25th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephene Pipiloni.

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Seven *Years,* Seven *Months,* Eighteen *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 322 Saratoga St

*Cause of Death,* First, (Primary,) Scarlet-Fever

Second, (Immediate,)

*Duration of last Sickness,* Since Dec 6th.

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Dec 28th 1880

Edward R. Ward M. D.
Medical Attendant.

*Undertaker,* F. Louis Schaefer

*Place of Business,* 109 N. Eutaw St *Address,* 248 N. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

Permit No. 45048

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Weed

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 67 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 12 years

*Place of Death,* {Give street and number.} 172 N Central Avenue

*Cause of Death,* First, (Primary.) Cerebral

Second, (Immediate.) Hemorrhage probably (2nd attack)

*Duration of Last Sickness,* Sudden death

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery

*Date of Burial,* December 28th/80

*Undertaker,* George Schilling

*Place of Business,* Ashland & Lynan

Edmund Walker M.D.,
Medical Attendant.

*Address,* Coroners Office

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45049

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 24 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 23rd 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frances Harris

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 20 *Years,* *Months,* *Days.*

*Color,* colored

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Washing & ironing

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Balto Co

*Duration of Residence in the City of Baltimore,* 9 years

*Place of Death,* { Give street and number } 1 McClellan's Court

*Cause of Death* { First, (Primary,) Puerperal Peritonitis / Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 2 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,*

*Undertaker,*

*Place of Business,* Ploffy 275 Aisquith St

T. H. Warner M. D.
Medical Attendant.

*Address,* 256 N Eden

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 45050

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 26th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M B Pfeiffer,

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 3 *Years,* 3 *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 82 N. Bond St

*Cause of Death,* First, (Primary.) Diphtheritic Croup

Second, (Immediate.)

*Duration of last Sickness,* about two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* December 28.

*Undertaker,* John G Heneicy

*Place of Business,* 382 Orleans St

R W Battee M. D.
Medical Attendant.

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45057

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 26th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Enoch J. Gosnell

*Sex, Male or ~~Female,~~* { cross out the word not required in this line. }

*Age,* 56 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,* Shoe Maker

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Maryland

*Duration of Residence in the City of Baltimore,* 40 years

*Place of Death,* { Give street and number } 237 N. Caroline St.

*Cause of Death,* { First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Dec. 29th 1880

Wm. Brooke Lowe M. D.
Medical Attendant.

*Undertaker,* Adam Fink

*Place of Business,* 961 N. Eden St. *Address,* Hole E. Eager

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 15152 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* 26th Dec. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hart

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 14 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 65 York

*Cause of Death,* First, (Primary.) Jaundice

Second, (Immediate.)

*Duration of Last Sickness,* One week

**All the above information should be furnished by the Physician.**

*Place of Burial,* St Peters Cem

*Date of Burial,* Dec 26th 1880

*Undertaker,* Jos H Byrne

*Place of Business,* 57 Saratoga St

N. W. Webster M.D.,
Medical Attendant.

*Address,* 57 Barre

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45053

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George John Weishart

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 16 *Years,* 3 *Months,* 27 *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Clerk

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 269 Preston St

*Cause of Death* { First, (Primary,) Typhoid Fever
Second, (Immediate,)

*Duration of last Sickness,* 20 days

**All the above information should be furnished by the Physician.**

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Dec. 27

*Undertaker,* Walter Smith

*Place of Business,* 252 West Pratt

C Winslow M. D.
**Medical Attendant.**

*Address,* 23 N Gilmor St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45052

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, carefully filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 26th 1880; 5:40, A. M.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mimie Dean

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 2 *Years,* 6 *Months,* ——— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ———

*Occupation,* ———

*Birthplace,* {State of country, (and how long in the United States, if of foreign birth.} Washington D. C.

*Duration of Residence in the City of Baltimore,* 5 Month

*Place of Death,* {Give street and number} 249 N. Carey St

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 20 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Washington City D. C.

*Date of Burial,* Dec 27th 1880

*Undertaker,* Jas N. Cook

*Place of Business,* No 707 W. Baltimore street

Edwin Eldridge M. D.
Medical Attendant.

*Address,* N.E. Cor. Glenville Ave. & Pennsylvania St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Issued 2006

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45055

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 26 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 25

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Brooke

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* White

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Ship carpenter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Washington

*Duration of Residence in the City of Baltimore,* 41 years.

*Place of Death,* {Give street and number} 166 Eutaw St.

*Cause of Death* { First, (Primary,) Pneumonia / Second, (Immediate,) Exhaustion

*Duration of last Sickness,* one month

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* December 27th 1880

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St *Address,* Balto Gen Dispensary

R. B. Mowen M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45156

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A McKernan

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 21 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 170 N. Front

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 10 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec 28th 1880

*Undertaker,* James O Byrne

*Place of Business,* No 63 N Front St

Geo Reynolds M.D.,
Medical Attendant.

*Address,* Calvert & Fayette

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4505 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 27 80

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret E Rudolph

*Sex, ~~Male~~ or Female,* { cross out the word not required in this line. }

*Age,* 38 *Years,* *Months,* 11 *Days.*

*Color,* W

*Married, ~~Single, Widow or Widower,~~* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number } 364 Light

*Cause of Death,* { First, (Primary,) Phthisis

Second, (Immediate,)

*Duration of last Sickness,* don't know

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* November 28.

*Undertaker,* B. Flagg

*Place of Business,* 82 West St.

D Theiss M. D.
Medical Attendant.

*Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wallace

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 37 *Years,* — *Months,* — *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Frederick Md

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 98 Jackson st

*Cause of Death* {First, (Primary,) / Second, (Immediate,)} Cancer of Stomach

*Duration of last Sickness,* 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Dec 27 "1880

*Undertaker,* Peter Kemmerer

*Place of Business,* Mulberry St

J. A. Gilbert M. D.
Medical Attendant.

*Address,* 150 E Eutaw st

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45059

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 26th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Howard

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* *Months,* *Days.*

*Color,* ad

*~~Married~~, ~~Single~~, Widow ~~or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Balto.

*Duration of Residence in the City of Baltimore,* during life -

*Place of Death,* {Give street and number.} 169 Dyson St.

*Cause of Death,* {First (Primary,) Old age / Second (Immediate,)}

*Duration of Last Sickness,* 12 mos

All the above information should be furnished by the Physicinn.

*Place of Burial,* St. Vincent Cemetery W. F. Lockwood

*Date of Burial,* Dec 27th 1880 M. D.

Medical Attendant.

*Undertaker,* Wm N. Dunger

*Place of Business,* No 62 East st *Address* Park & Madison Sts.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45960

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec. 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilmer Colburn Robinson

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ——— *Years,* 7 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 133 Scott St.

*Cause of Death* { First, (Primary.) Interstitial or Meningitis
Second, (Immediate.) Effusion

*Duration of last Sickness,* 8 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Olivet Cem

*Date of Burial,* Dec 28 – 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 550 W. Fayette St. *Address,* 343 W. Lombard St

A. W. Coltman *M. D.*
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 45061 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V Lewis Vestch (Parents

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* ——— *Months,* 4 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 165 Conway St

*Cause of Death,* First, (Primary.) Premature Birth (Im

Second, (Immediate.) Asthenia

*Duration of Last Sickness,* all ds life

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County — Thos A Shinn M.D.,

*Date of Burial,* Dec 27th 1880 — ~~Medical Attendant~~

*Undertaker,* Ph. Sdewald — Comm of Health

*Place of Business,* S Eutaw St — *Address,* 147 Begg Alley

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examd by J. V. Kilpatrick

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45062

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

## CERTIFICATE OF DEATH

Date of Death, Dec 27 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Jackson Nixon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 Years, 2 Months, 23 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 186 ~~Eutaw~~ 1-8 Green St

Cause of Death { First, (Primary,) Chronic Croup
Second, (Immediate,) 8 days

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Dec 29th 1880

I. H. Hamer M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts Address, 76 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

M, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45063

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary to Wm Jolley (Parents)

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* — *Days.*

*Color,* colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 242 Hughes St

*Cause of Death.* First, (Primary.)

Second, (Immediate.) Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

*Place of Burial,* W. Pub Cemetery

*Date of Burial,* Dec 27th 1880

*Undertaker,* Fred A. Kirchner

*Place of Business,* 50 S. Carrollton Av *Address,* Corner of Pratt & Regester

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exam by J. R. Smith M.D., Medical Attendant

Permit No. 45064

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Booth

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* 7 *Months,* ~~~ *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~

*Occupation,* ~~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 14 Booth St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Spasms from Teething

*Duration of Last Sickness,* 3 Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St. Cem"

*Date of Burial,* Dec 27-1880

*Undertaker,* Wm H Bishop

*Place of Business,* 97 Dawson Hill Av

James A Steuart M.D.,

{Medical Attendant.} Commissioner of Health

*Address,* & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Exp by John E Linden

Permit No. 45065 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 26th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} May L. Hill

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 4 *Months,* ~~—~~ *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 56 Lewis St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of Last Sickness,* 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 27th 1880

*Undertaker,* Thos J Locke

*Place of Business,* 78 Jefferson St

J. J. Gwynn *M.D.,*
Medical Attendant.

*Address,* 137 Aliceanna

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45066

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled~~ *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 25 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary G. Jones (Col'd)

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 45 *Years,* *Months,* *Days.*

*Color,* Colored

*Married,* ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* 10 years

*Place of Death,* {Give street and number.} Mount St Ednds - Clayton Row

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Heart Disease

*Duration of Last Sickness,* Instant

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 27. 1880

*Undertaker,* Charles A White

*Place of Business,* 35 Granby St

Alexander Insley M.D.,

~~Medical Attendant.~~

*Address,* Corner

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45067 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Francis

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* ——— *Years,* 9 *Months,* ——— *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 115 S. Dallas St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 4 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 27 1880

*Undertaker,* C. A. Coburn

*Place of Business,* ———

I James A Steele M.D.,

~~Medical Attendant.~~

*Address,* Comm of Health Baltimore

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. (OVER.)

Exam by J. P. Smith

Permit No. 15068 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 25 - 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Sims

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~~~ *Years,* 7. *Months,* ~~~ *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~~ ~~~

*Occupation,* ~~~ ~~~ ~~~

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} # 159. N" Spring St

*Cause of Death,* First, (Primary.) ...

Second, (Immediate.) Pneumonia.

*Duration of Last Sickness,* 3 weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemet

*Date of Burial,* Dec 27/1880

*Undertaker,* Chas. A. White

*Place of Business,* # 35 Granby St

James A Steuart M.D.,

Commissioner of Health

Address, & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Ex by Jno E Sweeney

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45069

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* ~~Dec~~ 26th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. Cora Sullivan

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 6 *Years,* 11 *Months,* *Days.*

*Color,* White

*~~Married, Single, Widow~~ or Widower,* {Cross out the word not required in this line.} V

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ellicott City Md. Co. Md

*Duration of Residence in the City of Baltimore,* 2 years.

*Place of Death,* {Give street and number} 582½ N. Front St

*Cause of Death* {First, (Primary,) Scarlet Fever

Second, (Immediate,) Ten (2) weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* Dec 28

*Undertaker,* J. B. Carter

*Place of Business,* 707 N. Gay St

D. L. Shaw M. D.
Medical Attendant.

*Address,* 38 W. Lombard

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Permit No. 45070 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 27 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 25

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Corbin A. Sauk

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 54 *Years,* *Months,* *Days.*

*Color,* Wht

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Mechanic

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* 35

*Place of Death,* {Give street and number.} 82 Battery Ave

*Cause of Death,* First, (Primary.) Ulcer of Bowels

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Dec 28th 1880

*Undertaker,* Armstrong & Lemmon

*Place of Business,* 243 Light St *Address,* 343 Light St

A. H. Coe M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 4577

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

Full name of deceased. ~~Date of Death.~~ Katrina Matilda Sophia Betzenberger.

Date of Death. ~~Full Name of Deceased,~~ {Write legibly and spell correctly. If an infant not named, give names of parents.} December 27. 1880

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 3 Years, 6 Months, 25 Days.

Color, White.

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Babt

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, As above

Place of Death, {Give street and number.} 69 Penna. Av.

Cause of Death, First, (Primary.) Scarlatina Anginosa

Second, (Immediate.) Diptheria, Asthenia

Duration of Last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, December 28. 1880 W. Rinehart, M.D.,

Medical Attendant.

Undertaker, Wells Samml

Place of Business, 232 N. Bedford Address, 130 Penna. Av.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45072

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

*Date of Death,* December 26th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Grimm Jr

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 27 *Years,* — *Months,* 2 *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Baker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* About 20 Years.

*Place of Death,* {Give street and number.} # 197 Light St.

*Cause of Death,* First, (Primary.) Hypertrophy of the Heart

Second, (Immediate.) " " " "

*Duration of Last Sickness,* about 3 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* St Alphonsus Ch

*Date of Burial,* Dec 28 1880

*Undertaker,* Henry Hoch

*Place of Business,* 305 N. Eutaw St.

D. A. Bell M.D.,

~~Medical Attendant~~ Coroner

*Address,* 161 So Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45073

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 26, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Eugene Parker

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 5 *Months,* ____ *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~

*Occupation,* ~~Married~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Md.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 30 S. Wolf St.

*Cause of Death,* First, (Primary,) Pseudo membranous Laryngitis

Second, (Immediate,) Asphyxia.

*Duration of last Sickness,* One Day.

All the above information should be furnished by the Physician.

*Place of Burial,* Dallis st Cemetery

*Date of Burial,* Dec 28

A. V. Gosweiler M. D.
Medical Attendant.

*Undertaker,* Theodore J. Lacks

*Place of Business,* 73 Jefferson st *Address,* 144 S Ann St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45074

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 27th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant, Ford, John. Ford & Laura V. Ford.

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 hours ~~Days~~

*Color,* .....

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number.} 67 Barnes St.

*Cause of Death,* First, (Primary.) Prematured Birth.

Second, (Immediate.) .....

*Duration of Last Sickness,* 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Hill St. burial ground.

*Date of Burial,* Dec. 28th 1880

*Undertaker,* John. Ford.

*Place of Business,* 67 Barnes, SD

H. L. Russell M.D.,
Medical Attendant.

*Address,* Broadway & Madison St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

**Permit No.** 45075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 27 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percy Abraham Davis

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 9 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* None

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Philadelphia Pa

*Duration of Residence in the City of Baltimore,* Five Years

*Place of Death,* {Give street and number.} 1039 Argyle Ave

*Cause of Death,* First (Primary,) Stricture of the Oesophagus

Second (Immediate,) Ingestion

*Duration of Last Sickness,* Eight Days

All the above information should be furnished by the Physician.

*Place of Burial,* Oheb Shalom Cemetery

*Date of Burial,* Dec 28th 1880

*Undertaker,* Wm Edes

*Place of Business,* 101 Gough St

Edward M. Rice M.D.
Medical Attendant.

*Address* Belvidere & Lanvale Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45076

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC. 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Fox

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 5 *Months,* 6 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number.} No 279 Orleans St

*Cause of Death,* First, (Primary.) Feeble Constitution

Second, (Immediate.) Marasmus

*Duration of Last Sickness,* About two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Hebrew Cemetery

*Date of Burial,* Dec 28th 1880

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St

Milton A. Taylor M.D.,
Medical Attendant.

*Address,* Mc Elderry St & Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 45077

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 23. 1889 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 18th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smyrl

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 2 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Nursery & Child's Hospital

*Cause of Death,* First, (Primary.) Mal-Nutrition

Second, (Immediate,)

*Duration of last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial* Dec 28

C. J. Bruce M. D.
Medical Attendant.

*Undertaker,* C. H. Blizzard

*Place of Business,* 241 Park Ave *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 20 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 24th 1890.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles - Haines

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* 3. *Months,* ____ *Days.*

*Color,* Wh

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balty

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) Gastro Enteritis

Second, (Immediate,) Coma

*Duration of last Sickness,* 5 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 27

C. F. Brune M. D.
Medical Attendant.

*Undertaker,* C. H. Bligh

*Place of Business,* 201 Park Address, ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45179

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEC 23 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Greenyer

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* ____ *Years,* 3 *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} S

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maternity

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Nursery & Child's Hospital

*Cause of Death,* First, (Primary,) (2) Pneumonia

Second, (Immediate,) ____

*Duration of last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Dec 28

C. F. C. Brown *M. D.*
Medical Attendant.

*Undertaker,* ____

*Place of Business,* 207 Penna *Address,* ____

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45080

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena Butterway

*Sex,* ~~Male~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 9 *Months,* 9 *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 17 Calendar alley, Balto.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 17 Calendar alley.

*Cause of Death,* {First (Primary,) Scarlatina; Second (Immediate,) Diftheria}

*Duration of Last Sickness,* 2 Weeks

All the above information should be furnished by the Physician

*Place of Burial,* Mt Olivet

*Date of Burial,* 29 Dec

*Undertaker,* F. Kimmel

*Place of Business,* 317 Mulberry St.

H. W. Webner *M. D.*
Medical Attendant.

*Address* 298 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45081

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 27th December 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jenkins Thompson

*Sex, Male or Female,* { cross out the word not required in this line. } Male

*Age;* 66 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } Married

*Occupation,* Porter

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Dorchester Co. Md.

*Duration of Residence in the City of Baltimore,* 35 years

*Place of Death,* { Give street and number } 287 Hanburgh St

*Cause of Death,* First, (Primary,) Acute Nephritis

Second, (Immediate,) Apoplexy, Second attack

*Duration of last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* 29 December 28th

*Undertaker,* Hercules Boss

*Place of Business,* 95 Conway

T. D. Dyer M. D.
Medical Attendant.

*Address,* 146 Hill St

L. D. DYER M.D.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...WEL, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45087

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 25 / 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Nichols

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* — *Months,* — *Days*

*Color,* Dark

*Married, Single, ~~Widow or Widower,~~* {Cross out the words not required in this line.} Single

*Occupation,* Servant

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Howard Co Md

*Duration of Residence in the City of Baltimore,* 20 years

*Place of Death,* {Give street and number.} 11 Marion St

*Cause of Death,* {First (Primary,) Consumption / Second (Immediate,)}

*Duration of Last Sickness,* 8 months

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec. 28. 1880

*Undertaker,* C. Harbs. A. White

*Place of Business,* 36 Granby St

Chas W Fuller M. D.
Medical Attendant.

*Address* 168 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45083

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Atterbrobb

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 4 *Years,* 10 *Months,* 24 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} ~

*Occupation,* ~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md.

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 15 Watson st

*Cause of Death* First, (Primary,) Scarlatina Maligna

Second, (Immediate,) ~

*Duration of last Sickness,* Abt 26 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto Cemetery

*Date of Burial,* Dec 29th 80

*Undertaker,* Geo W Spence

*Place of Business,* 198 N Eutaw

D M Battle M. D.
Medical Attendant,

*Address,* 2 N Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 27. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Rae

*Sex, Male or Female,* { cross out the word not required in this line. } male

*Age,* 57 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* { Cross out the word not required in this line. }

*Occupation,* Machinist

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* { Give street and number } 301 E. Pratt St.

*Cause of Death* { First, (Primary,) Laryngeal Phthisis, then Pulmonary
Second, (Immediate,) asthenia

*Duration of last Sickness,* about 2 years

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Decem 30th 1880

{ *Undertaker,* Denny & Mitchell
{ *Place of Business,* 65 S Broadway

Marbury Brewer M. D.
Medical Attendant.

*Address,* 68 McCulloh St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45085

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC. 20 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec'r. 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. L. Williamson jr

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* ..... *Months,* 3 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Maryland Penetentiary

*Duration of Residence in the City of Baltimore,* do

*Place of Death,* {Give street and number.} Insanitorium

*Cause of Death,* {First (Primary,) do. Second (Immediate,)} acute dysentery

*Duration of Last Sickness,* life 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cem.

*Date of Burial,* Dec 29th 1880

*Undertaker,* Wm H Hickman

*Place of Business,* 234 N Gay St.

Ed Carey Hammond M. D.
Medical Attendant.

*Address* 317 Madison Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45086

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 27th Dec 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Mueller

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth,} 178 Ramsey st

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 178 Ramsey st

*Cause of Death* { First, (Primary,) Diptheria
Second, (Immediate,) 4 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 28th 1880

*Undertaker,* Wm H Hickman

*Place of Business,* 234 N Gay St

F. F. Benson *M. D.*
Medical Attendant.

*Address,* 187 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45087 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* December 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Caughy

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 92 *Years,* ——— *Months,* ——— *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 52 years

*Place of Death,* {Give street and number.} 366 Linden Av

*Cause of Death,* First, (Primary.) Old age

Second, (Immediate.) Cardiac Change

*Duration of Last Sickness,* Several months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Dec. 29th 1880

*Undertaker* H.W. Jenkins Son

*Place of Business,* 16 Light St.

Chas A'Donovan M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45088

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 27

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas F Eggemeyer

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 8 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 118 Island Ave

*Cause of Death,* First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* About 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* Dec. 28th 1880.

Robt K Mears (M. D.)
Medical Attendant.

*Undertaker,* Adam Weidenmeyer

*Place of Business,* 518½ W. Baltimore St. *Address,* 532 N. Gay St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45189

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 27th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Handley

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 8 *Years,* 1 *Month,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* —

*Place of Death,* {Give street and number} 35 Franklin St

*Cause of Death,* First, (Primary,) Burn

Second, (Immediate,) Erysipelas

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Auburn Cem.

*Date of Burial,* Dec 29

F. Jewett Lund M. D.
Medical Attendant.

*Undertaker,* Stewart & Mundy

*Place of Business,* 58 Park Ave

*Address,* 2 Cathedral

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45090

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPT. DEC 23 1880 BALTIMORE

*Date of Death,* December 22nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Keller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One (1) *Years,* One (1) *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 268 N. Dallas St.

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Gastritis

*Duration of Last Sickness,* Three (3) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cemetery

*Date of Burial,* December 24th 1880.

*Undertaker,* Leonhardt Peters

*Place of Business,* S. Bond St. & W. N. Ave.

G. L. Williams M.D.,
Medical Attendant.

*Address,* 1116 Broadway

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 15091

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lola Irvine

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 5 *Years,* 4 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since Birth

*Place of Death,* {Give street and number} 112 Hanover St

*Cause of Death,* First, (Primary,)

Second, (Immediate,) Diphtheria

*Duration of last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents County

*Date of Burial,* Dec 29

Theodore Carter M. D.
Medical Attendant.

*Undertaker,* Henry Brice

*Place of Business,* Henrietta St 81

*Address,* 146 Hanover St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45894

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 26 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rob't Deaman Cleary

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 58 *Years,* *Months,* *Days.*

*Color,* White

*Married,* ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Hounds Bells.

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 15 Yrs

*Place of Death,* {Give street and number.} 1544 N. Front St

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.) 5 months

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Dec 28 1880

*Undertaker,* Jas. O Byrne

*Place of Business,* 69 Gilmor

Edward Pendleton M.D.,
Medical Attendant.

*Address,* 1333 Eutaw St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Death or Burial, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45093.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

DEC 23 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 25th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Lethia Wilson

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.} Female

*Age,* 69 *Years,* — *Months,* — *Days.*

*Color,* Colored *Sex,* Female

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} Married

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Talbot Co Md

*Duration of Residence in the City of Baltimore,* about 17 yrs

*Place of Death,* {Give street and number.} 248 Raborg Bk

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,)

*Duration of Last Sickness,* about 2 mos

All the above information should be furnished by the Physician.

*Place of Burial,* Levi Cemetery

*Date of Burial,* Dec 29 1880

*Undertaker,* William N Lenzy *Address* Fayette St

*Place of Business,* No 62 East Street

J D Thomas M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45094

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED DEC 23 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 23d 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Foote

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 6 *Years,* *Months,* 15 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Cockeysville Md

*Duration of Residence in the City of Baltimore,* 10 months

*Place of Death,* {Give street and number} No 16 East Street

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 3 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Colbern Hill Bal 1060 Goes By Way of Read Road

*Date of Burial,* Dec 24 1880

H. H. Wilson M. D.
Medical Attendant.

*Undertaker,* William Deegan

*Place of Business,* No 62 East

*Address,* 31 Aisquith St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Trans - 2007

Permit No. 45095 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

HEALTH DEPT. DEC 1880 BALTIMORE MD.

*Date of Death,* Dec 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Krejic

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* *Months,* *Days.*

*Color,* white

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Baker

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Bohemia 1 year in US

*Duration of Residence in the City of Baltimore,* 6 mo

*Place of Death,* {Give street and number.} On way to Baptist (near N. E. Station

*Cause of Death,* First, (Primary.) Cirrhosis of liver

Second, (Immediate.)

*Duration of Last Sickness,* Unknown

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alphonsus Chm.

*Date of Burial,* Dec. 28th 80

*Undertaker,* M. Haner

*Place of Business,* 280 Caroline

Edmund R Walker M.D.,

~~Medical Attendant~~

*Address,* Coroner's Office

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 15096

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Frizzle

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 5 years

*Place of Death,* {Give street and number} 379 Pa Ave

*Cause of Death* {First, (Primary,) General Debility

Second, (Immediate,) Indefinite

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Carroll County

*Date of Burial,* Dec 29th 1880

*Undertaker,* A Williams

*Place of Business,* Carroll Co

C Winslow M. D.
Medical Attendant.

*Address,* 23 W Fulton St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 43097

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPT. DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 27th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Strausser

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* One (1) *Years,* Seven (7) *Months,* Twenty two (22) *Days.*

*Color,* Colrd

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Locust City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 94 N Fulton Ave

*Cause of Death,* First, (Primary.) Acute Pneumonia

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* Eight Days.

All the above information should be furnished by the Physician.

*Place of Burial,* Balt Cemetery

*Date of Burial,* Dec 29th 1880

*Undertaker,* Jno H. Weaver

*Place of Business,* #22 Hanover St

Sudlow M.D.,
Medical Attendant.

*Address,* 1 Eager last Lane

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45098 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 28th 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emelia B Buchman

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 10 *Years,* 9 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} Nu 128 Saratoga St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.) Paralysis

*Duration of Last Sickness,* 10 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 30th

*Undertaker,* P. T. Doll

*Place of Business,* 139 Lanvale St

H. H. Monath M.D.,
Medical Attendant.

*Address,* 208 W Lanvale

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 15099 '1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEC 28 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Hill

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 56 *Years,* 8 *Months,* 25 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Keeper of house of Ill fame

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Calvert Co Maryland

*Duration of Residence in the City of Baltimore,* 31 yrs.

*Place of Death,* {Give street and number} ~~Penitentiary~~ W. Baltimore St

*Cause of Death* { First, (Primary,) Paralysis
Second, (Immediate,) Three days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Dec 30th/80

*Undertaker,* George Schilling

*Place of Business,*

Gatt Wagner M. D.
Medical Attendant.

*Address,* 18 Aregentine St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

#45100

HEALTH DEPT. DEC 29 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec. 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. B. Christopher

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 21 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md. Co.

*Duration of Residence in the City of Baltimore,* 3 months

*Place of Death,* {Give street and number.} * 368 Aisquith St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Pulmonalis Exhaustion

*Duration of Last Sickness,* about 18 months

All the above information should be furnished by the Physician.

*Place of Burial,* Five mile Hill Harford Road Balto County

*Date of Burial,* Dec 30th/80

*Undertaker,* George Schilling

*Place of Business,*

Geo. L. Hartman M.D.,
Medical Attendant.

*Address,* 305 N. Caroline St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43701 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEC 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 28th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Kelly

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 47 *Years,* *Months,* *Days.*

*Color* White

*Married, ~~Single~~, Widow or ~~Widower~~,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* { Give street and number. } East ave

*Cause of Death,* { First, (Primary.) Phthisis Pulmonalis / Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* 2½ yrs

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks

*Date of Burial,* Dec 30th 1880

*Undertaker,* C. F. Krause

*Place of Business,*

Geo B Reed M.D.,
Medical Attendant.

*Address,* Calvert & Monument

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 45102

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
DEC 29 1892
BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 29, 1892

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Miller

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* White.

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* Blacksmith

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Lancaster Co, Pa.

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give street and number} 550 W. Lombard

*Cause of Death* { First, (Primary,) Tubercular Consumption
Second, (Immediate,)

*Duration of last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cem'y

*Date of Burial,* Dec 31

*Undertaker,* J B Cook

*Place of Business,* 707 W Pratt

John Abbott M. D.
Medical Attendant.

*Address,* 322 Hollins

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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Permit No. 45103 #45103 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT DEC 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} L. A Green

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* .....

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} .....

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} .....

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 165 [illegible] 1

*Cause of Death,* First, (Primary.) Paralysis

Second, (Immediate.) .....

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Dec 31st 1880

*Undertaker,* Andrew Lutz

*Place of Business,* 113 Lexington Address, [illegible]

H. C. Dennis M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45104

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Finack

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 1 *Years,* 2 *Months,* 10 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} № 122 Burgundy Alley

*Cause of Death* {First, (Primary,) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial* December 30th 80

*Undertaker,* Ph. S. Dill

*Place of Business,* 183 Columbia ave

O. L. Buddenbohn M. D.
Medical Attendant.

*Address,* 166 S. Paca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Permit No. 48208 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 29 1880

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Chleander

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* 13 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 289 E. Ave.

*Cause of Death,* First, (Primary.) Chronic Croup

Second, (Immediate.) Asphyxia

*Duration of Last Sickness,* Three days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel

*Date of Burial,* Dec 29th

*Undertaker,* H. Frechlich

*Place of Business,* 244 Eastern Ave

G. Glenville Luck M.D.,
Medical Attendant.

*Address,* Balt. & Wash. sts.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 4506

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Mueller

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* *Months,* 26 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} 178 Ramsey st

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 178 Ramsey st

*Cause of Death,* First, (Primary,) Diptheria

Second, (Immediate,)

*Duration of last Sickness,* 6 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cem.

*Date of Burial,* Dec 29th 1880

*Undertaker,* Wm H Hickman

*Place of Business,* 234 N Gay St

F. F. Bunson M. D.
Medical Attendant.

*Address,* 187 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45707

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R Sponseller

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 56 *Years,* 11 *Months,* 20 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* Printer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Perry Co Pa

*Duration of Residence in the City of Baltimore,* 25 yrs

*Place of Death,* {Give street and number} 68 Pine St

*Cause of Death,* First, (Primary,) Pneumonia

Second, (Immediate,) Heart Complication

*Duration of last Sickness,* Twenty days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* Thursday Dec 30th 1880

J. J. Knight M. D.
Medical Attendant.

*Undertaker,* Steuart Hillmeyer

*Place of Business,* 35 Park Ave *Address,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

J. C. BRYANT & CO. CITY PRINTERS AND STATIONERS.

Permit No. 1 0 7 0 8 45108 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

# CERTIFICATE OF ~~DEATH~~

*Date of Death,* Dec 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna O'Brien

*Sex,* ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

*Age,* 43 *Years,* ~~*Months,*~~ ~~*Days.*~~

*Color,* White

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 8 yrs

*Place of Death,* {Give street and number.} 4 State

*Cause of Death,* First, (Primary.) Dilatation of heart with probable aneurism of aorta.

Second, (Immediate.) asphyxia.

*Duration of Last Sickness,* Five weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Dec 30th 1880

*Undertaker,* Joseph F Byrne

*Place of Business,* 59 n Gilbert

Jno. D. Lamb *M.D.,*
Medical Attendant.

*Address,* Park & Madison Sts

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 7#45109 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Kuschner

*Sex, Male or Female,* {Cross out the word not required in this line.} ~~Male~~

*Age,* 1 *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. Md.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 60 N. Castle St.

*Cause of Death,* First, (Primary.) Meningitis,

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 3 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* December 30.

*Undertaker,* John Henry.

*Place of Business,* 882 Orleans St *Address,* Balt. & Park. Rds

G. G. Lusk M.D.,
Medical Attendant.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. ~~[illegible]~~ #45110 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 29 - 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an infant not named, give names of parents. } Infant Davidge

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ~~Years,~~ ~~Months,~~ 2 Days.

*Color,* Black.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ~~[illegible]~~

*Occupation,* ~~[illegible]~~

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } #63 Forrest St

*Cause of Death,* First, (Primary.) Inanition

Second, (Immediate.) "

*Duration of Last Sickness,* ~~[illegible]~~

All the above information should be furnished by the Physician.

*Place of Burial,* E. D. Cem "

*Date of Burial,* Dec 30-1880.

*Undertaker,* D Mullen

*Place of Business,* ~~[illegible]~~

Jas. A. Steuart M.D.,
~~Medical Attendant~~ Commissioner of Health
*Address,* " Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Cert by Dr. D. Smith

Permit No. #45111 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 25 - 1880.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Barryman

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* — *Years,* 2 *Months,* — *Days.*

*Color,* white

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } "

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* { Give street and number. } #12 Mercer St

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* E. Balt" Cem.

*Date of Burial,* Dec 29-1880.

*Undertaker,* D Mullen.

*Place of Business,*

D Amos Stellwagen M.D.,
~~Medical Attendant~~
Commissioner of Health

*Address,* Register

**Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

cut by Dr Mullen

# *Board of Health, City of Baltimore,*

*Permit No.* 4512

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 28th December 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Hartmann

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Baker

*Birthplace,* {State or country, (and how long in the United States. If of foreign birth.} Edelbach, Bavary, Germany

*Duration of Residence in the City of Baltimore,* 14 years

*Place of Death,* {Give street and number} Gough Street 20c

*Cause of Death,* First, (Primary,) Tuberculosis Pulmonum

Second, (Immediate,)

*Duration of last Sickness,* 1½ years

All the above information should be furnished by the Physician.

*Place of Burial,* M. E. [illegible]

*Date of Burial,* Dec 29

*Undertaker,* [illegible]

*Place of Business,* [illegible]

William Henkel M. D.
Medical Attendant.

*Address,* S. Wolfe & 117

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

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[OVER.]

Office of Registrar of Vital Statistics.

45113

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 28th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Smith

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 5-2 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* Hackman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} 5 Gough St

*Cause of Death,* First, (Primary.) Brights Disease

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* 6 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial* Dec 30 1880

Geo. W. Reynolds M.D.,
Medical Attendant.

*Undertaker,* James A Byrne

*Place of Business,* No 63 N Front St *Address,* Calvert & Monument

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45174

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 30 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 29th 1889

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Shepherd Jones

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 720 St, Near Carey

*Cause of Death,* First, (Primary.) Marasmus

Second, (Immediate.) "

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Bolt Cemetery

*Date of Burial,* Dec 30th 1889

*Undertaker,* J. B. Cooke

*Place of Business,* 207 W. Balto St

W. Keyser *M.D.,*

Medical Attendant.

*Address,* [illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45715

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes E Frochlich

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months,* 13 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 244 Eastern Avenue

*Cause of Death,* First, (Primary,) Diphtheritis

Second, (Immediate,) Apnoea

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Carmel Cem.

*Date of Burial,* Dec 31st

E. B. Bullock M. D.
Medical Attendant.

*Undertaker,* H. Frochlich

*Place of Business,* 244 Eastern Ave *Address,* 57 S Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* 29th Dec 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Matchinsky

*~~Sex, Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 25 *Years,* 4 *Months,* 5 *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 660 So. Charles St

*Cause of Death,* First, (Primary.) Malarial Fever

Second, (Immediate,) Consumption Lungs & bowels

*Duration of last Sickness,* 6 mos.

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Dec 31st

*Undertaker,* P. F. O'Neill

*Place of Business,* 22 Hanover

P. H. Dodge M. D.
Medical Attendant.

207 Hanover St

*Address,* Baltimore Md

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 28 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Foster

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 378 E. Fayette St

*Cause of Death,* First, (Primary.) Whooping Cough

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 30th 1880

W. S. Burge *M.D.,*

Medical Attendant.

*Undertaker,* Jos Perkinspeck

*Place of Business,* 130 Harriett *Address,* 206 Shapley

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Allemania Av. No 101 29th of Dec. 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 50 *Years,* *Months,* 2 months *Days.*

*Color,* White *Sex,* Female

*Married,* ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Allemania Av. No 101.

*Cause of Death,* First (Primary,) Pneumonia

Second (Immediate,)

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem.

*Date of Burial,* Dec. 31st "

*Undertaker,* Peter Frey

*Place of Business,* 91 Eastern Av. *Address*

Fred. Hefty M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Permit No. 45119 # 45119 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berra Lenkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ~ *Years,* 5 *Months,* *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~

*Occupation,* Clayton Row

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Life

*Duration of Residence in the City of Baltimore,* Clayton Row

*Place of Death,* {Give street and number.} ~

*Cause of Death,* First, (Primary.) Teething

Second, (Immediate.) Convulsions

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Dec. 30. 1880

*Undertaker,* Charles H White

*Place of Business,* 35 Granby St.

Alexander Finlay *M.D.,* Medical Attendant.

Coroner

*Address,*

**...from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.**

...2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ... who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...ours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far ...ertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the ...except in cases of births and deaths of illegitimate children. [over.]

Permit No. 45120

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* December 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Schloss

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* 5 *Months,* *Days.*

*Color,* White *Sex,* Male

*Married, ~~Single~~, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 47 Years

*Place of Death,* {Give street and number.} 324 Lexington St

*Cause of Death,* {First (Primary,) Disease of the Heart for 4 years
Second (Immediate,)}

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Lloyd St Cemetery F. J. White M. D.

*Date of Burial,* Dec 30th 1880 Medical Attendant.

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St *Address* 24 Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 45121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 27 – 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret A. Frazier

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 46 *Years,* 10 *Months,* ..... *Days.*

*Color,* European

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Widow

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* {Give street and number} 180 Bank St.

*Cause of Death* First, (Primary,) Cause unknown Death in 24 hours

Second, (Immediate,) Apoplexy Pulmonary

*Duration of last Sickness,* A few minutes

All the above information should be furnished by the Physician.

*Place of Burial,* Bolton Cemetery

*Date of Burial,* Dec 30th 1880

*Undertaker,* Lemmon & Mitchell

*Place of Business,* 65 S Broadway

A. F. Ford M. D.
Medical Attendant.

*Address,* 169 Bank St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15124

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Stanford

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 75 *Years,* ... *Months,* ... *Days.*

*Color,* White

*~~Married, Single, Widow or~~ Widower,* {Cross out the word not required in this line.}

*Occupation,* ...

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 125 Pulaski

*Cause of Death* { First, (Primary.) Exhaustion
Second, (Immediate.) Worn out with age

*Duration of last Sickness,* ...

All the above information should be furnished by the Physician.

*Place of Burial,* London Park

*Date of Burial,* Dec 31 - 1880

*Undertaker,* Denny & Mitchell

*Place of Business,* 58 W Fayette St *Address,* ...

W H Hopkins M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 45723

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Murphy

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 45 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Housekeeper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 15 years

*Place of Death,* {Give street and number} 4 Lexington st 42

*Cause of Death,* First, (Primary,) Cancer Uterus

Second, (Immediate,) and Ulceration

*Duration of last Sickness,* 6 months

All the above information should be furnished by the Physician.

*Place of Burial,* St Pats Cemetery.

*Date of Burial,* January 1881

D H Ritchie M. D.
Medical Attendant.

*Undertaker,* J F Cook

*Place of Business,* 70 West Balto

*Address,* 28 Gilmor st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15724

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 29 1882 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 29 1882

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida Laurie Keating

*Sex, Male or Female,* { cross out the word not required in this line. } Female

*Age,* ____ *Years,* ____ 11 *Months,* ____ *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* ____

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore City Md

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number } 44 Parkin St

*Cause of Death,* { First, (Primary,) Pneumonia / Second, (Immediate,) Exhaustion

*Duration of last Sickness,* 12 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Westminster

*Date of Burial,* Dec 30 1882

*Undertaker,* E B Cook

*Place of Business,* 227 E Balto

J Shelton Hill M. D.
Medical Attendant.

*Address,* 432 W Lanvale

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45725

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adilaide Gambrill

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* Sixteen *Years,* ——— *Months,* ——— *Days.*

*Color,* Mulatto.

~~*Married*~~, *Single,* ~~*Widow*~~ or ~~*Widower*~~, {Cross out the word not required in this line.}

*Occupation,* Waitress

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

*Duration of Residence in the City of Baltimore,* Seven years

*Place of Death,* {Give street and number} No. 11 Rabbon st.

*Cause of Death* {First, (Primary,) Pneumonia / Second, (Immediate,) Prostration

*Duration of last Sickness,* Four weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Bal. Undertaker

*Date of Burial,* Dec 31st 1880

*Undertaker,* L. Whelchel

*Place of Business,* 108 Howard st

F. B. Gardner M. D.
Medical Attendant.

*Address,* 120 N. ~~Green~~ Greene st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcribed 2008

Permit No. 45126 #45126 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

*Date of Death,* Dec 27 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Washington

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 37 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* House Servant

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 20 Sidney St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Heart Disease

*Duration of Last Sickness,* 2 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 31 1880

*Undertaker,* S. H. Chase

*Place of Business,* 19 E Howard St

Alexander Tinsley *M.D.,*

Medical Attendant.

*Address,* Coroner

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45127 — Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#45127 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 30 1889 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 29th

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Ruiges

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 11 *Months,* *Days.*

*Color,* Black

*Married, Single, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt. County

*Duration of Residence in the City of Baltimore,* 1½ years

*Place of Death,* {Give street and number.} 105 Sarah (now Lt.

*Cause of Death,* First, (Primary.) Scarletina

Second, (Immediate.) Dropsy

*Duration of Last Sickness,* 3 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Dec 30 1889

*Undertaker,* B W Chase

*Place of Business,* 194 Howard St

Louis E. Horn *M.D.,*
Medical Attendant.

*Address,* 226 Mulberry St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45728

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 29, 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Shipley Mercer

*Sex, Male or Female,* {cross out the word not required in this line.} Male

HEALTH DEPARTMENT DEC 30 1890 BALTIMORE

*Age,* 63 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

*Occupation,* Helper

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Carroll Co. Md.

*Duration of Residence in the City of Baltimore,* About 9 yrs.

*Place of Death,* {Give street and number} No 292 McHenry st

*Cause of Death* { First, (Primary,) Typhoid Pneumonia
Second, (Immediate,)

*Duration of last Sickness,* Two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Frederick Co Md

*Date of Burial,* Dec 31st

{ *Undertaker,* Meeth & Shields
{ *Place of Business,* 60 N Carroll Ave

John Hood M. D.
Medical Attendant.

*Address,* 322 Hollins st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Transcript 2009

Permit No. 45129 * 45129 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 29th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thary Elgin Jones

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* ——— *Years,* ——— *Months,* 49 *Days.*

*Color,* Bright

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*~~Occupation~~,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore City

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 57 St Paul St

*Cause of Death,* First, (Primary.) ———

Second, (Immediate.) Convulsion

*Duration of Last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters Cemetery

*Date of Burial,* Dec 31st 1880

*Undertaker,* Pat Mullin

*Place of Business,* 6 Pk ave

S. J. Ward *M.D.,*
Medical Attendant.

*Address,* 127 St Paul St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45130

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jones

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* about 30 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* not Known

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City

*Duration of Residence in the City of Baltimore,* always

*Place of Death,* {Give street and number} University Hospital

*Cause of Death* First, (Primary,) Opium Poison

Second, (Immediate,)

*Duration of last Sickness,* 12 hours

All the above information should be furnished by the Physician.

*Place of Burial,* West Pub Cemetery

*Date of Burial,* Dec 30/80

*Undertaker,* P Kerchner

*Place of Business,* 505 Carrollton Ave

WMA M. D.
Medical Attendant.

*Address,* University Hospital

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45731

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 29 to

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Carter

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 7 *Years,* Six *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* All his Life

*Place of Death,* {Give street and number} 971 N. Carrollton

*Cause of Death* First, (Primary,) Scarlatina Anginosa

Second, (Immediate,) .....

*Duration of last Sickness,* Five days

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* Dec. 30 1880

*Undertaker,* S. H. Chase

*Place of Business,* 19th Howard

Julius Hall M. D.
Medical Attendant.

Southern Dispensary

*Address,* 77 Hillen

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

* 45132 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* 28th X.ber 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hardward

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 85 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow & Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Asylum of the Little Sisters of the Poor cor; John and Valley Street

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Acute Bronchitis

*Duration of Last Sickness,* about a Week

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cem

*Date of Burial,* X.ber 30th 1880

*Undertaker,* C. F. Krause

*Place of Business,* 207 Hanover

Jno. Dods De Forte M.D.,

Medical Attendant.

*Address,* 166 E. Eager St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 45133

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* December 28th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora S. Eichelberger

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 85 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} 181 Howard St North

*Cause of Death* { First, (Primary,) Old Age
Second, (Immediate,) Typhoid condition threatened Pneumonia

*Duration of last Sickness,* 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount Cemetery

*Date of Burial,* Dec 31st 1880

*Undertaker,* Stewart & Mooren

*Place of Business,* 30 Park Ave

Thos Shearer M. D.

A. S. Hayes. M.D. — Medical Attendant.

*Address,* 97 N. Charles St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT 1880 BALTIMORE

*Permit No.* 45134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* December 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Kann

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 7 *Years,* ..... *Months,* ..... *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} X X X

*Occupation,* X X X

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life Time

*Place of Death,* {Give street and number} 158 S. Broadway

*Cause of Death,* First, (Primary,) Bronchitis

Second, (Immediate,) ~~Cerebral~~ Congestion Cerebral trouble

*Duration of last Sickness,* One Week

All the above information should be furnished by the Physician.

*Place of Burial,* Eden St Hebrew Cem

*Date of Burial,* Dec. 30th 1880

*Undertaker,* Wm Eilau

*Place of Business,* 101 Gough St *Address,* 219 E Baltimore St.

James E. Dinneen M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 45735

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 30 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 29 1880 Hammond

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hammond

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 66 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* No occupation

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 yrs

*Place of Death,* {Give street and number} Nr 202 Argyle avenue

*Cause of Death* { First, (Primary,) Apoplexy

Second, (Immediate,) 3 hrs

*Duration of last Sickness,* 3 hrs

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Dec 31st 1880

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

J H Litton M. D.
Medical Attendant.

*Address,* 23 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 4 3 8 3 6 #45136 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 29th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Snyder

*Sex, ~~Male or~~ Female,* { Cross out the word not required in this line. }

*Age,* 2 *Years,* 7 *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* —

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto City

*Duration of Residence in the City of Baltimore,* 2 yrs

*Place of Death,* { Give street and number. } 153 N. Lombard St

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.)

*Duration of Last Sickness,* Four Months

All the above information should be furnished by the Physician.

*Place of Burial,* Bonnie Brae

*Date of Burial,* Dec 31st. 1880

*Undertaker,* Joseph F. Byrne

*Place of Business,* 520 Liberty

W. Keplinger *M.D.,*

Medical Attendant.

*Address,* 10 N. Fourth St. Balto

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVER.]

Permit No. 45737

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled out~~, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 24th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Graham

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 30 *Years,* — *Months,* — *Days.*

*Color,* W.

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto Md,

*Duration of Residence in the City of Baltimore,* Running life

*Place of Death,* {Give street and number.} 61 Bank St

*Cause of Death,* First, (Primary.) 2 Heart Disease

Second, (Immediate.) 3

*Duration of Last Sickness,* Sudden Death

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cem.

*Date of Burial,* Dec. 31 80

*Undertaker,* H. Dietel

*Place of Business,* S. Bond St 151

Chas M. Morfit M.D.,

Coroner E.D ~~Medical Attendant.~~

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Veith

*~~Sex, Male or Female,~~* {cross out the word not required in this line.}

*Age,* ..... *Years,* 6 *Months,* ..... *Days.*

*Color,* colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto.

*Duration of Residence in the City of Baltimore,* During life

*Place of Death,* {Give street and number} 216 Warren St.

*Cause of Death* {First, (Primary,) Adenitis

Second, (Immediate,) One week

*Duration of last Sickness,*

All the above information should be furnished by ~~the Physician~~.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Dec 31st 1880

*Undertaker,* No - Roop

*Place of Business,* ——

R. M. Hall M. D.
Medical Attendant.

*Address,* 262 S. Sharp St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Office of Registrar of Vital Statistics.

No 45139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Smith

*Sex, Male or Female.* {Cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 229 Hanover St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* December 31 1880

*Undertaker,* H. C. Rodgers

*Place of Business,*

W. S. Bowe M.D.,
Medical Attendant.

*Address,* 206 E. Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45140 #45140 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

*Date of Death,* December 28th 80.

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Morris Saville

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* *Years,* 2 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 12 Clark St.

*Cause of Death,* { First, (Primary.) Capillary Bronchitis. Second, (Immediate.) }

*Duration of Last Sickness,* 8 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cemetery

*Date of Burial,* January 1st 1881

*Undertaker,* Wm Weaver

*Place of Business,* No 202 N. Eutaw St

Louis Chas. Howe M.D.,
Medical Attendant.

*Address,* 22 Druid Hill Ave

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45141 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

*Date of Death,* Dec. 29th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Hay

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Wills City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 288 E Lee St

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.)

*Duration of Last Sickness,* Last Week

All the above information should be furnished by the Physician.

*Place of Burial,* St. Patricks

*Date of Burial,* Dec 31st

*Undertaker,* M. Clark & Son

*Place of Business,* 64 E Balto

P. Gatty *M.D.,*

Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK STREET

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 48744

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPT OF HEALTH DEC 31 1886 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 30th. December 1886

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James, Charles Winn

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~—~~

*Occupation,* ~~—~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* during Lifetime

*Place of Death,* {Give street and number} 2. Wolfe street 28

*Cause of Death,* First, (Primary.) Diarrhoea

Second, (Immediate.)

*Duration of last Sickness,* during lifetime

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* 31 December 1886

William. Henkel *M. D.*
Medical Attendant.

*Undertaker,* John F. Smith

*Place of Business,* 265 Mercer *Address,* S. Wolfe St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45743

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 30th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} James A. King

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 42 *Years,* *Months,* *Days.*

*Color,* white ~~Sex,~~

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* Hatter.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Balto. City.

*Duration of Residence in the City of Baltimore,* Life.

*Place of Death,* {Give street and number.} no. 243 West Fayette St.

*Cause of Death,* First (Primary,) malaria.

Second (Immediate,) Leucocythaemia.

*Duration of Last Sickness,* 1 year

All the above Information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Jany 1st 1881

*Undertaker,* John Mackin

*Place of Business,* Park & Fayette sts

R. H. Goldsmith M. D.
Medical Attendant.

*Address* S. E. corner Harlem av. and Calhoun St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45764

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher M. Beehon

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 66 *Years,* 3 *Months,* 1 *Days.*

*Color,* White *Sex,*

*~~Married~~, ~~Single~~, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Coal dealer.

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* during life

*Place of Death,* {Give street and number.} No 69 McCulloh St

*Cause of Death,* First (Primary,) Apoplexy

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* About six months

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* Jany 1/80

*Undertaker,* Edward F. Mann

*Place of Business,* 35 Park

Nicholas G. Keerl M. D.
Medical Attendant.

*Address* 69 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15745

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 29th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Annie Ruhl

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 5 *Years,* 3 *Months,* 21 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 23 Bruns Ct

*Cause of Death* First, (Primary,) Diphtheria

Second, (Immediate,) Croup

*Duration of last Sickness,* 4 or 5 days

All the above information should be furnished by the Physician.

*Place of Burial,* New Cathedral

*Date of Burial,* Dec 31st 1880

*Undertaker,* C. F. Krauze

*Place of Business,* —

S. Smith M. D.
Medical Attendant.

*Address,* 108 S. Exeter

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 15746

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE DEC 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 31 Dec'br. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Elizabeth Winterhalter

*Sex,* ~~Male~~ or *Female,* {cross out the word not required in this line.}

*Age,* Nine *Years,* three *Months,* eighteen *Days.*

*Color,* White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.} S

*Occupation,* O

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give street and number} 58 Market Space

*Cause of Death,* First, (Primary,) Diphtheritis

Second, (Immediate,)

*Duration of last Sickness,* Eight Days

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel Cem.

*Date of Burial,* Jan'y 11th 1881

*Undertaker,* Chas. L. Bartlett

*Place of Business,* 624 ~~7~~ E. Fayette St.

G. W. Capes M. D.
Medical Attendant.

*Address,* 55 N. Eutaw St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 15747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* Decemb 30. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta M Heymond

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 18 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,*

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Charleston So Ca

*Duration of Residence in the City of Baltimore,* One week

*Place of Death,* {Give street and number.} 84 Cathedral St

*Cause of Death,* First (Primary,) Second (Immediate,) Disease of Brain

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Charleston S. C.

*Date of Burial,* 31st Dec. 1880

*Undertaker,* H.W. Jenkins & Son

*Place of Business,* 16 Light St.

F. T. Miles M. D.
Medical Attendant.

*Address* 94 Cathedral St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Transit 2010

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15748

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEPARTMENT DEC 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry G. Linnaeaker

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* 27 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 118 Eislan St

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate,)

*Duration of last Sickness,* Abt 4 Days

All the above information should be furnished by the Physician.

*Place of Burial,* Jerusalem Lutheran Druid Hill

*Date of Burial,* Dec. 31st 1880.

R. K. Knees M. D.
Medical Attendant.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518 W. Baltimore St. *Address,* 554 W Fayette St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER.)

Permit No. 43127

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara E Nathan

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 28 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number.} 443 N Balto St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Malignant Scarlet fever

*Duration of Last Sickness,* 42 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park Cemetery

*Date of Burial,* Dec. 31st 1880.

*Undertaker,* Adam Weidemeyer

*Place of Business,* 518½ W. Baltimore St.

[illegible] M.D.,

Medical Attendant.

*Address,* [illegible]

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45750

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1889 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* 30

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fisher

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* —— *Years,* —— *Months,* 11 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ——

*Occupation,* ——

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} No 8 Wheatcroft St

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} No 8 Wheatcroft

*Cause of Death,* First, (Primary.) ——

Second, (Immediate,) Premature birth

*Duration of last Sickness,* 11 days

All the above information should be furnished by the Physician.

*Place of Burial,* Ol Bethel

*Date of Dec 1 1889*

M. Watmore M. D.
Medical Attendant.

*Undertaker,* Walter Tunnell

*Place of Business,* 2 [illegible] St Balto

*Address,* [illegible]

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45151

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth W. Waesche

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.} Female

*Age,* 67 *Years,* 6 *Months,* 14 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.} Single

*Occupation,* None

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Over Life

*Place of Death,* {Give street and number} 433 Brighton St

*Cause of Death,* First, (Primary.) Cancer Mammary Tumor (Sloughing).

Second, (Immediate,) Gangrene.

*Duration of last Sickness,* 8 Months

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Jan 1st 1881

*Undertaker,* H. W. Jenkins & Son

*Place of Business,* 16 Light St

W. H. Krump M. D.
Medical Attendant.

*Address,* 55 N. Greene St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45152 #45152 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 29. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clarence Simpson

*Sex, Male or Female,* { Cross out the word not required in this line. }

*Age,* ..... *Years,* 3 *Months,* 8 *Days.*

*Color,* Black.

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,*

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Baltimore.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* { Give street and number. } 119 York St.

*Cause of Death,* First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asthenia

*Duration of Last Sickness,*

**All the above information should be furnished by the Physician.**

*Place of Burial,* Sharp Cemetery

*Date of Burial,* Dec 31

*Undertaker,* John H. Owens

*Place of Business,* 225 S Eutaw St

W. S. Burge M.D.,

**Medical Attendant.**

*Address,* 206 Sharp St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 45153 ~~45153~~ *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 28. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Kane

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 7 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Howard Co Md

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 6 S. Monroe St before his death.

*Cause of Death,* First, (Primary.) Probably Pneumonia, I did not see him

Second, (Immediate.)

*Duration of Last Sickness,* 9 days

All the above information should be furnished by the Physician.

*Place of Burial,* Shot Cemetery

*Date of Burial,* Dec 31

James Bosley M.D.,

*Undertaker,* Joseph Cook

*Place of Business,* Baltimore

*Address,* 919 Hollins St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPT. DEC 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 28th 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Adelia Taylor

*Sex, Male or Female,* { cross out the word not required in this line. }

*Age,* 24 *Years,* — *Months,* 3 *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Housemaid

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } Baltimore

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* { Give street and number } 416 Bennett St

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* About six months

All the above information should be furnished by the Physician.

*Place of Burial,* Asbury M. E. Cem

*Date of Burial,* Dec 31st 1880

*Undertaker,* Theo J Foster

*Place of Business,* 33 Jefferson

C. Jones N. Clem M. D.
Medical Attendant.

*Address,* 19 Paca

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45155

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} John Joseph Bradley

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 4 1/2 *Years,* *Months,* *Days.*

*Color,* White *Sex,*

*~~Married~~, Single, ~~Widow~~ or Widower,* {Cross out the words not required in this line.}

*Occupation,* Iron Moulder

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} No 12 South Frank St

*Cause of Death,* First (Primary,) Pleuro Pneumonia

Second (Immediate,) Asthenia

*Duration of Last Sickness,* One week

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* Dec 31st 1880

{*Undertaker,* James P Byrne

*Place of Business,* No 63 N. Front St

W H Wiffendorffer *M. D.*
Medical Attendant.

*Address* No 12 High St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 45756

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 30, 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Pollack

*Sex, Male ~~or Female~~,* {cross out the word not required in this line.}

*Age,* 60 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Shoemaker

*Birthplace,* {State of country, (and how long in the United States if of foreign birth.} Bohemia

*Duration of Residence in the City of Baltimore,* 18 Years

*Place of Death,* {Give street and number} 47 N. Chapel St

*Cause of Death,* {First, (Primary,) / Second, (Immediate,) Cancinoma of the stomach.

*Duration of last Sickness,* four months and three weeks.

All the above information should be furnished by the Physician.

*Place of Burial,* St Johns Cemetery

*Date of Burial,* Jan 1st 1881

A. M. Emich, M. D.
Medical Attendant.

*Undertaker,* Denhoff Fischer

*Place of Business,* 94 E Lombard

*Address,* 94 E Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 23518 / #45157 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 31

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly M Forsyth

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 8 *Months,* ..... *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. C

*Duration of Residence in the City of Baltimore,* 8 mos

*Place of Death,* {Give street and number.} 174 Johnson

*Cause of Death,* First, (Primary.) Croup

Second, (Immediate.) Spasm

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore cemetary

*Date of Burial,* January 2nd

*Undertaker,* Mr B Earle

*Place of Business,* west St

Henry Ellis M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45158

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 25th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Irwin.

*Sex, Male or Female,* {cross out the word not required in this line.} M.

*Age,* 4 *Years,* 2 *Months,* 16 *Days.*

*Color,* W.

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} City.

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 152 Augusta St.

*Cause of Death* { First, (Primary,) Pertussis.
Second, (Immediate,)

*Duration of last Sickness,* 1 month.

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet

*Date of Burial,* Jan 1 1881.

*Undertaker,* G. W. Jackson

*Place of Business,* 522 E. Pratt

H. T. Reynolds M. D.
Medical Attendant.

*Address,* 186 Augusta St.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Piccolo

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 22 *Years,* —— *Months,* —— *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* Planter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* During Life

*Place of Death,* {Give street and number} 106 N Bond St

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* 5 Months

All the above Information should be furnished by the Physician.

*Place of Burial,* Mount Carmel

*Date of Burial,* Dec 31st 1880

*Undertaker,* Thos Brown

*Place of Business,*

M. P. R. Yeatts M. D.
Medical Attendant.

*Address,* 13 & 15 Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No:* 45160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* December 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Sneeringer

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* 49 — *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Married

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Pennsylvania

*Duration of Residence in the City of Baltimore,* Three (3) years

*Place of Death,* {Give street and number} No. 155 W. Biddle St.

*Cause of Death,* First, (Primary,) ____ Second, (Immediate,) Paralysis [Hemiplegia] Two months

*Duration of last Sickness,* ____

All the above information should be furnished by the Physician.

*Place of Burial,* Cathedral Cem.

*Date of Burial,* Jan 2nd 1881

*Undertaker,* Andrews & Hodges

*Place of Business,* No 406 Druid Hill Ave

Louis W. Knight M. D.
Medical Attendant.

*Address,* 112 N. Greene

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{OVER}

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45761

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1890 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 31 - 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. T. J. Ed Catherine C. Griffin

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* ____ *Years,* ____ *Months,* 1 Year *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} N. E. Cor. Barre Et Warren Ave.

*Cause of Death,* First, (Primary,) ____

Second, (Immediate,) Membranous

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Greenmount

*Date of Burial,* Dec 31 1890

J. Tyler Smith M. D.
Medical Attendant.

*Undertaker,* Jos. H. Burns

*Place of Business,* 100 N. Eutaw St. *Address,* 221 Barre St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45762

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* December 30. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Bentleen

*Sex, Male or Female,* {cross out the word not required in this line.} Female

*Age,* Two *Years,* 4 *Months,* 25 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balt^e City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 57 Madeira Alley

*Cause of Death,* First, (Primary.) Diphtheria

Second, (Immediate.)

*Duration of last Sickness,* four days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Athanasius

*Date of Burial,* Jan. 1st 1881

R. D. Nuderwood M. D.
Medical Attendant.

*Undertaker,* W. M. Frances

*Place of Business,* 280 Canton Ave *Address,* 12 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45763

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 1881 BALTIMORE MD.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 31 80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Michael Saulers

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* ____ *Years,* Four weeks *Months,* ____ *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ____

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* ____

*Place of Death,* {Give street and number} 39 N. Castle St.

*Cause of Death,* First, (Primary,) Marasmus

Second, (Immediate,) do

*Duration of last Sickness,* since Birth

All the above information should be furnished by the Physician.

*Place of Burial,* Holle Grace Cemetery

*Date of Burial,* January 1 1881.

*Undertaker,* John Henrici

*Place of Business,* 382 Orleans St.

James Bacon M. D.
Medical Attendant.

*Address,* Cor. Argyle ave. & Mosher St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

PUB. J. C. DYLANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45764.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT DEC 31 1880 BALTIMORE.

# CERTIFICATE OF DEATH.

*Date of Death,* December 31st 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Andrew Quantz

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 26 *Years,* One *Months,* Four *Days.*

*Color,* White

*Married,* ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

*Occupation,* Painter

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 13 Years

*Place of Death,* {Give street and number} 111 N. Central Ave

*Cause of Death* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

*Duration of last Sickness,* Let 3 4 Years

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Carmel. Cemet.

*Date of Burial,* January 1 1881

Francis T Lane M. D.
Medical Attendant.

*Undertaker,* John Henning

*Place of Business,* 382 Orleans St *Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15765

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. 1890 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 29 96

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Odel

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 55 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single, Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,* Janitor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} New York State

*Duration of Residence in the City of Baltimore,* 11 years

*Place of Death,* {Give street and number} 65 N. Byd St

*Cause of Death,* First, (Primary,) Typhoid Fever

Second, (Immediate,) about 8 days

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Waterloo Seneca County New York

*Date of Burial,* Dec 31 1896

Robt K Magee M. D.
Medical Attendant.

*Undertaker,* Geo L Cook

*Place of Business,* No 707 N Baltimore Street *Address,* 537 W Fayette

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Odel Frank [OVER.]

Permit No. 45166 #45166 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Theodor Vietsch December 31 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Vietsch

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 52 *Years,* 1 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Taylor

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} 109 N Front

*Cause of Death,* First, (Primary.) Pneumonia

Second, (Immediate.) Typhoid

*Duration of Last Sickness,* 8 days

All the above information should be furnished by the Physician.

*Place of Burial,* East Cemetary

*Date of Burial,*

*Undertaker,* Ph Seenald

*Place of Business,* 35 S Eutaw St.

Louis Duhamel *M.D.,*
Medical Attendant.

*Address,* 22 Eutaw St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43167

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 1880 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Power

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 40 *Years,* — *Months,* — *Days.*

*Color,* Col

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Hackman

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} # 1 Stockholm St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Consumption

*Duration of Last Sickness,* One year

All the above information should be furnished by the Physician.

*Place of Burial,* Western Public Cemetery

*Date of Burial,* Jan 1st 1881

*Undertaker,* F. A. Kirchner

*Place of Business,* 50 S. Conway

James A. Steuart M.D.,

~~Medical Attendant.~~

*Address,* Commissioner & Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo. E. Brown Inspector

Permit No. 43101 & 45168 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT DEC 29 1880 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* Dec 29th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} James W. Nutton

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 17 *Years,* *Months,* 21 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number.} 187 cross St Baltimore

*Cause of Death,* First, (Primary.) Typhoid fever

Second, (Immediate.) asthenia

*Duration of Last Sickness,* 6 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* January 1. 1881

*Undertaker,* B. Hartle Balto

*Place of Business,* 8 & West St.

R. P. McDodge *M.D.,*
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 46165

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 30th 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hochadel

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 4 *Years,* 7 *Months,* 22 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 167 N. Eden St

*Cause of Death* First, (Primary,) Chronic Croup

Second, (Immediate,)

*Duration of last Sickness,* Two days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* January 2nd 1881

*Undertaker,* John Lake

*Place of Business,* 161 Balto St

Francis A Jones M. D.
Medical Attendant.

*Address,* 105 N. Central Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45170

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

*Date of Death,* Dec 30 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Rodgers

*Sex, ~~Male~~ or Female,* {cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} ~~Married~~

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 54 Park

*Cause of Death* First, (Primary,) Whooping Cough

Second, (Immediate,) Pneumonia

*Duration of last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Mount Olivet Cem

*Date of Burial,* Saturday Dec 1st 188

*Undertaker,* Conrad Hunter

*Place of Business,* 1114 Park ave

J. E. Chataud M. D.
Medical Attendant.

*Address,* 1114 Park

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45771 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 30th 1881

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Florence Reed

*Sex, Male or Female,* { Cross out the word not required in this line. } Female

*Age,* ——— *Years,* 8 *Months,* ——— *Days.*

*Color,* Black

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. } ———

*Occupation,* ———

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Virginia

*Duration of Residence in the City of Baltimore,* ———

*Place of Death,* { Give street and number. } 14 Red Grave Ct

*Cause of Death,* First, (Primary.) ———

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 10 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Jan 12th 1882

Wm A Blake M.D.,
Medical Attendant.

*Undertaker,* Geo H. Perkins Jr & Co

*Place of Business,* 130 Henrietta St. *Address,* 148 Penn

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45172

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sept 31 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur Page

*Sex, Male or ~~Female~~,* { cross out the word not required in this line. }

*Age,* 50 *Years,* ..... *Months,* ..... *Days.*

*Color,* W

*Married, Single, Widow or Widower,* { Cross out the word not required in this line. }

*Occupation,* Gentleman

*Birthplace,* { State or country, (and how long in the United States, if of foreign birth. } England

*Duration of Residence in the City of Baltimore,* 30 yrs.

*Place of Death,* { Give street and number } 72 John st

*Cause of Death* { First, (Primary,) Consumption

Second, (Immediate,) ..... ; ip months

*Duration of last Sickness,* .....

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount Cy

*Date of Burial,* Wed. Sept 31 80 I H Catlin M. D.

Medical Attendant.

*Undertaker,* Stewart & Mason

*Place of Business,* 38 Park *Address,* 25 Franklin

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45173

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, 12, 24, 80

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susanna Jefferson

~~Sex, Male or Female,~~ {cross out the word not required in this line.}

Age, 30 Years, Months, Days.

Color, Blk

~~Married, Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Washerwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number} 196 Ruling Ave

Cause of Death, {First, (Primary,) Pleuro Pneumonia

Second, (Immediate,) 3 Wks

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 1st 1881

Undertaker, Abraham Wayman

Place of Business, 13 Saratoga St

P. W. Eastman M. D.

Medical Attendant.

Address, 349 Lee

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45174

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 12 1891 BALTIMORE

*Date of Death,* Dec 30th 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freeborn Bond

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.} Male

*Age,* 55 *Years,* —— *Months,* —— *Days.*

*Color,* Black

*Married, ~~Single, Widow or Widower~~,* {Cross out the words not required in this line.} Married

*Occupation,* Laborer

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Md.

*Duration of Residence in the City of Baltimore,* about 16 Months

*Place of Death,* {Give street and number.} No 112 Stirling St

*Cause of Death,* First (Primary,) Phthisis Pulmonalis

Second (Immediate,)

*Duration of Last Sickness,* about 5 Weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetary

*Date of Burial,* Jan 2nd 1891

*Undertaker,* Abraham Hayman

*Place of Business,* 13 Saratoga St

J. E. Whitefort M. D.
Medical Attendant.

*Address* 195 N Arguirle St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45175

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

Date of Death, December 31

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Negriette Dennison

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, four Years, six Months, ..... Days.

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, .....

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, .....

Place of Death, {Give street and number} 188 S. Spring st

Cause of Death, { First, (Primary.) Convulsions epileptiform
Second, (Immediate.) .....

Duration of last Sickness, 11 days (Have seen the child twice last week, and not since.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 2d 1881

Undertaker, Thos S Hughes

Place of Business, 60 E Balto st

L O Wunderlich M. D.
Medical Attendant.

Address, 12 S. Eden st

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45176

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

# CERTIFICATE OF DEATH.

Date of Death, December 30th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralph Carney

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 77 Years, Months, Days.

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give street and number} 73 S. Battel St.

Cause of Death { First, (Primary,) Dropsy
Second, (Immediate,)

Duration of last Sickness, Five Months

All the above information should be furnished by the Physician.

Place of Burial, Laural Cemetary

Date of Burial, Jan 2. 1881

{ Undertaker, Charles A White
{ Place of Business, 35 Wranbgott

Nicholas L Bashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Permit No. 43177 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 30, 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Parnell Santum

*Sex, Male ~~or Female~~,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 10 *Months,* *Days.*

*Color,* Black

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* {Give street and number.} No 14 McClellan Pl

*Cause of Death,* First, (Primary.) Tubercular Consumption

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* One Month

All the above information should be furnished by the Physician.

*Place of Burial,* Laural Cemetary

*Date of Burial,* Jan 1. 1881

*Undertaker,* Charles A White

*Place of Business,* 35 Granby st

H. L. Russell *M.D.,*
Medical Attendant.

*Address,* Broadway & Madison

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Muller

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 2 Yrs. *Years,* 3 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} B. City

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} 279 N Broad St.

*Cause of Death,* First, (Primary.) Acute Meningitis

Second, (Immediate.) Pneumonia

*Duration of Last Sickness,* Five (5) days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Alfonzes Cemetary

*Date of Burial,* January 2d 1881.

*Undertaker,* Leonhard Penz

*Place of Business,* S. Bond St. No 377

L. L. Williams M.D.,
Medical Attendant.

*Address,* 47 So. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...marks Below, and ...t of Diseases on Back of ...

# Board of Health, City of Baltimore,

Permit No. 45175

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* ... the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ...er, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Nicholas A. Merluzzi

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Died Dec. 31/880

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* 75 *Years,* ... *Months,* ... *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Tailor

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Italy

*Duration of Residence in the City of Baltimore,* 40 yrs

*Place of Death,* {Give street and number} 17 Albemarle St

*Cause of Death* { First, (Primary,) ... Second, (Immediate,) Erysipelas of Head

*Duration of last Sickness,* Some days

All the above information should be furnished by the Physician.

*Place of Burial,* Balt. Cem

*...e of Burial,* January 2, 81

*...dertaker,* Rau & Bartell

*... Business,* 62 1/2 W Balt St

A L Shortzer M. D.
Medical Attendant.

*Address,* 11 S. 14th St Balt

### *...tract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the ...sician who attended during his or her last sickness, or the Coroner, w...en the case comes under his notice, to ...rty-eight hours after the death to the Undertaker or other persons s...intending the burial, a Certificate set- ... as the same can be ascertained, the full name, sex, age and condition ...ther married or single) of the per ...nd the cause and date of death, except in cases of births and deaths o... ...imate children.

...CITY PRINTERS AND STATIONERS.

Permit No. 45180

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 31. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas Frank Yeager Eichwaldt

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 3 Weeks *Years,* 1 day *Months,* *Days.*

*Color,* White *Sex,* Male

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} 94 Park av. Balt.

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 94 Park av. Balt.

*Cause of Death,* First (Primary,) Congest Lungs

Second (Immediate,)

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Louden Park Cemetery A. McKenzie M. D.

Medical Attendant.

*Date of Burial,* Jan 2nd/81

*Undertaker,* Geo. Schilling *Address* 57 N. Gilmor

*Place of Business,*

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45181

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, December 31 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Moody

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 90 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Londonderry Ireland 63 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 213 Brick Alley Ave

Cause of Death, First, (Primary,) —

Second, (Immediate,) Senility

Duration of last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, 2 Jan 2 Oclock

O'Mahon M. D.
Medical Attendant.

Undertaker, E. A. Cassman

Place of Business, 28 Eden Street Address, 138 N Eutaw St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45182

HEALTH DEPARTMENT
DEC 31 1891
BALTIMORE

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 31st 1891

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia Rice

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.} Female

*Age,* 55 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Packer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Va

*Duration of Residence in the City of Baltimore,* 18 mo

*Place of Death,* {Give street and number} Rear 94 S. Broadway

*Cause of Death,* First, (Primary.) Cerebral Hemorrhage

Second, (Immediate,)

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* King William Co Va.

*Date of Burial,*

*Undertaker,* M. A. Daigen

*Place of Business,* 94 S. Broadway

J. D. Lewis M. D.
Medical Attendant.

*Address,* Rear 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No 3012

Permit No. 43783 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

43783 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

*Date of Death,* Dec 31. 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas A. McClean

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 3 *Years,* 4 *Months,* 20 *Days.*

*Color,* White

*Married, Single, ~~Widow or Widower,~~* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balto

*Duration of Residence in the City of Baltimore,* Life-time

*Place of Death,* {Give street and number.} 156 Gough St

*Cause of Death,* First, (Primary.) Meningitis

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 2 Days

All the above information should be furnished by the Physician.

*Place of Burial,* St. Peters B. yard

*Date of Burial,* ~~Dec~~ Jan. 1. 1881

*Undertaker,* M. A. Dauger

*Place of Business,* 94 S. Broadway

Edward P. Wilson M.D.,
Medical Attendant.

*Address,* 169 N. Calvert St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. [illegible] Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

#45184 **No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1881 BALTIMORE

*Date of Death,* December 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Hall

*Sex, Male or ~~Female~~,* {Cross out the word not required in this line.}

*Age,* 14 *Years,* 11 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Always

*Place of Death,* {Give street and number.} 36 William St

*Cause of Death,* First, (Primary.) Fracture of the Skull

Second, (Immediate.) " " " "

*Duration of Last Sickness,* about 3 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Co

*Date of Burial,* Jan 2 1881

*Undertaker,* C. F. Frowse

*Place of Business,*

L. A. Bell M.D.,

Medical Attendant.

Coroner 3d Dist.

*Address,* 161 E. Lombard St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Permit No. 4-3702 #45185 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1 1881 BALTIMORE

*Date of Death,* Dec. 31/80

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Kunk

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 80 *Years,* 6 *Months,* *Days.*

*Color,* white

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} England

*Duration of Residence in the City of Baltimore,* 64 yrs,

*Place of Death,* {Give street and number.} 189 Back

*Cause of Death,* First, (Primary.) old age

Second, (Immediate.)

*Duration of Last Sickness,* 6 mos,

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore County

*Date of Burial,* Jan 2d 1881

*Undertaker,* H. Trachlich

*Place of Business,* 244 Eastern

R. W. Mansfield M.D.,
Medical Attendant.

*Address,* 117 S. Broadway

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45186

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1891 BALTIMORE

*Date of Death,* Dec 31st 1890

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Wilson

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, ~~Single~~, Widow or Widower,* {Cross out the word not required in this line.}

*~~Occupation~~,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* 2 Years

*Place of Death,* {Give street and number} 124 S. Paca

*Cause of Death,* First, (Primary,) Scarlet Fever

Second, (Immediate,)

*Duration of last Sickness,* Two (2) weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Peters Cemetery

*Date of Burial,* January 2.

*Undertaker,* J P Cook

*Place of Business,* 707 W Baltimore *Address,* 383 W Lombard St

H. O. Stuart M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER

Permit No. 45187 # 45187 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Sunday Jan 1st 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Meyer

*Sex, Male or Female,* {Cross out the word not required in this line.} Male

*Age,* ..... *Years,* 3 *Months,* ..... *Days.*

*Color,* White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

*Occupation,* ——————

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Butte City

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 121 Saratoga st

*Cause of Death,* First, (Primary.) Pneumonitis,

Second, (Immediate.)

*Duration of Last Sickness,* 4 days.

All the above information should be furnished by the Physician.

*Place of Burial,* St. Michaels.

*Date of Burial,* Jan 4. 1881.

*Undertaker,* J. D. Rosenig.

*Place of Business,* 97 Orleans.

J. H. Lamb, *M.D.,*
Medical Attendant.

*Address,* 4 Cathedral

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 40788 # 45188 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JAN 2 1931 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* January 1st 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Mullin

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* ..... *Years,* 4 *Months,* 7 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} No 7 Pleasant St.

*Cause of Death,* First, (Primary.) Found dead in bed beside her Mother. Second, (Immediate.) Deceased Facts to Coroner Walker, and was told to make out Certificate, Stating Facts.

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Balto County

*Date of Burial,* January 2nd 1881

*Undertaker,* James J Byrne

*Place of Business,* Same

Wm Whitridge M.D.,
Medical Attendant.

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45189 * 45189 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm James Harrington

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 1 *Years,* 9 *Months,* *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Md

*Duration of Residence in the City of Baltimore,* of

*Place of Death,* {Give street and number.} 4 Lemon St

*Cause of Death,* First, (Primary.) Convulsions + cold

Second, (Immediate.) Apoplexy + Convulsions

*Duration of Last Sickness,* 1 week

All the above information should be furnished by the Physician.

*Place of Burial,* St Vincents Cem

*Date of Burial,* Jan 2d 1880

*Undertaker,* Patrick Hampton

*Place of Business,* 4 Lemon St

Edward Walker M.D.,
Medical Attendant.

*Address,* Coroners Office

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. # 45190 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* January 1th 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Barr

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 91 *Years,* *Months,* *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} America

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} Asylum of the Little Sisters of the Poor cor. John and Valley Streets

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Infirmity old age

*Duration of Last Sickness,* last day

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cimetery

*Date of Burial,* January 3th 1881

*Undertaker,* Henry Shelthis

*Place of Business,*

Jno. Brooke Boyle M.D.,
Medical Attendant.

*Address,* 166 E. Eager St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 10111 # 45191 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Jan 1st 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Sutter

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* — *Years,* — *Months,* 11 *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} —

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} 220 Preston Alley

*Cause of Death,* First, (Primary.) Lock Jaw

Second, (Immediate.) 2 days

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cem

*Date of Burial,* Jan 2d 1881

*Undertaker,* Thos Gordan

*Place of Business,* Pratt St

James A Steuart M.D.,

~~Medical Attendant.~~

*Address,* Comm of Health

& Registrar

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Examined by Geo E Brown
Examiner

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45192

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Jany 1st 1881.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents names } John and Barbara Keyser

*Sex,* ~~Male or~~ *Female,* {cross out the word not required in this line.}

*Age,* ~~____~~ *Years,* ~~____~~ *Months,* 9 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* ~~____~~

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* since birth.

*Place of Death,* {Give street and number} 163 S. Wolfe St.

*Cause of Death,* First, (Primary,) Imperfect development

Second, (Immediate,) Innutrition

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Trinity Cemetary

*Date of Burial,* Jan 2d 1881

*Undertaker,* C. Katz

*Place of Business,* 129½ S. Broadway

A. H. Erich M. D.
Medical Attendant.

*Address,* 94 S. Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45193 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Jan 1st 1881.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wiltsie

*Sex, Male or Female,* {Cross out the word not required in this line.} Female

*Age,* 29 *Years,* *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.} Single

*Occupation,* —

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number.} #390. N. Gay St

*Cause of Death,* First, (Primary.) Typhoid fever

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* Eight days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Jan 2d 1881

*Undertaker,* Chas T Scriven

*Place of Business,* 271 N Eutaw St

Same Belt M.D.,
Medical Attendant.

#134. N Paca St

*Address,*

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45194

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*; to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

# CERTIFICATE OF DEATH.

*Date of Death,* January 1st 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Joyce

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* Years, Months, 3 4 Days. Seven Months Gestation

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 102 N. Eutaw St

*Cause of Death* First, (Primary,) Convulsions

Second, (Immediate,) Apnoea

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* January 2nd 81

*Undertaker,* Wm. J. McKeon

*Place of Business,* 65 S. Eutaw St

A. Wolfe Mears M. D.
Medical Attendant.

*Address,* 343 W. Lombard St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45795

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Dec 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Webb

*Sex, Male or ~~Female~~,* {cross out the word not required in this line.}

*Age,* ~~—~~ *Years,* 7 *Months,* ~~—~~ *Days.*

*Color,* c

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 23 Jordan Alley

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of last Sickness,* half hour

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* January 2nd 1881

J. Thos. A. Steuart M. D.
~~Medical Attendant.~~

*Undertaker,* John Jordan

*Place of Business,* Park st

*Address,* Commissioner of Health
Registrar

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Examined by Jno. E. Brem
Examiner

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Permit No. 45196 #45196 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JAN 31 1868 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* January 1st 1868

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertie Meeker

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 8 *Years,* 5 *Months,* 4 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 176 Hanover

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Scalatina.

*Duration of Last Sickness,* 2 days

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Jan 3th 1868

Theodore Cole M.D.,
Medical Attendant.

*Undertaker,* Julius Koehler

*Place of Business,* Sharpe Cross & *Address,* 176 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43197 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JUL 21 1931 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* July 14 — 31

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Coulbourn

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 4 *Months,* ..... *Days.*

*Color,* Blk

*Married, Single, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,* .....

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} U. S. C.

*Duration of Residence in the City of Baltimore,* .....

*Place of Death,* {Give street and number.} 62 Read at Emmanuel

*Cause of Death,* First, (Primary.) .....

Second, (Immediate.) .....

*Duration of Last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel

*Date of Burial,* July 21st

*Undertaker,* Geo W Perkins

*Place of Business,* 130 Henrietta

H H Ellis *M.D.,*
Medical Attendant.

*Address,* 313 Light

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43190 + 45798 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* Dec 29 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Sandy

*Sex,* ~~Male or~~ *Female,* {Cross out the word not required in this line.}

*Age,* 59 *Years,* *Months,* *Days.*

*Color,* Col

*Married,* ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Carroll Co Md

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 15 Lambert St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Phthisis Pulmonalis

*Duration of Last Sickness,* Ten weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loanel Cemetery

*Date of Burial,* Jan 2 1881

*Undertaker,* Abraham Troyman

*Place of Business,* 139 Saratoga

W Whitcomb M.D.,
Medical Attendant.

*Address,* 916 W Balto St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 1 1 1 / 1 + 45199 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

# CERTIFICATE OF DEATH

*Date of Death,* December 30th 1880.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hale.

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 20 *Years,* 1 *Months,* 3 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* None

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Danville Penna

*Duration of Residence in the City of Baltimore,* About 2 Years

*Place of Death,* {Give street and number.} 106 Cookie St.

*Cause of Death,* First, (Primary.) Intermittent Fever

Second, (Immediate.) Congestion of the Brain

*Duration of Last Sickness,* About 5 hours.

All the above information should be furnished by the Physician.

*Place of Burial,* Danville Penna

*Date of Burial,* January 2nd "

*Undertaker,* P. Hale

*Place of Business,* 82 West Street

Sol. Bell M.D.,

~~Medical Attendant.~~

Coroner 2nd Dist.

*Address,* 161 So. Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit Permit # 2013

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Leppner

*Sex, Male or Female,* {Cross out the words not required in this line.} male

*Age,* 74 *Years,* — *Months,* — *Days*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.} widower

*Occupation,* 0

*Birthplace,* {State or country (and how long in United States, if of foreign birth.)} Germany 30 years in U.S.

*Duration of Residence in the City of Baltimore,* 30 Years

*Place of Death,* {Give street and number.} Cor Fr 433

*Cause of Death,* First (Primary,) Neuralgia after herpes in the lumbar region of the right side

Second (Immediate,) Exhaustion

*Duration of Last Sickness,* 4 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Park

*Date of Burial,* January 2 1881

*Undertaker,* Walter Sumner

*Place of Business,* 252 W Biddle St

A F Reinhard M.D.
Medical Attendant.

*Address,* 224 W. Fayette Street

***Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 4320 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. 31. 1880

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ferdinand McDonald

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. }

*Age,* 34 *Years,* *Months,* *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow or Widower~~,* { Cross out the word not required in this line. }

*Occupation,* Grocer

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balt.

*Duration of Residence in the City of Baltimore,* Lifetime

*Place of Death,* { Give street and number. } 165 S. Chester St.

*Cause of Death,* First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Exhaustion

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Loudon Cem.

*Date of Burial,* January 2d 1881

*Undertaker,* Hen. Sunder & Co.

*Place of Business,* 2 & 4 Centre Sts.

G. G. Lusk M.D.,
Medical Attendant.

*Address,* Balt. & Ches. Sts.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 43202 + 40202 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* January 1st 81

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Daly

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 83 *Years,* 7 *Months,* 24 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Germany

*Duration of Residence in the City of Baltimore,* 26 Years

*Place of Death,* {Give street and number.} S. W. cor Mulberry & Paca Sts.

*Cause of Death,* First, (Primary.) Apoplexy

Second, (Immediate.)

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Balto. Cem

*Date of Burial,* Jan. 3d 1881

*Undertaker,* H. Miller

*Place of Business,* Paca near Mulberry St

Louis Ch. Howe M.D.,
Medical Attendant.

*Address,* 226 Mulberry St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** [redacted] 45203

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPT. BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* January 1st 1891

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Jurkusky,

*Sex, Male or Female,* {Cross out the word not required in this line.} Male,

*Age,* — *Years,* 4 *Months,* — *Days.*

*Color,* White, *Sex,* —

*Married, Single, Widow or Widower,* {Cross out the words not required in this line.}

*Occupation,* —

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Baltimore,

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number.} No. 72 Thames St

*Cause of Death,* First (Primary,) Marasmus,

Second (Immediate,)

*Duration of Last Sickness,* 2 Weeks,

All the above information should be furnished by the Physician.

*Place of Burial,* Mt Olivet Cemetery

*Date of Burial,* January 3

*Undertaker,* H Lizell

*Place of Business,* 1 Block 151

D. L. Sullivan *M. D.*
Medical Attendant.

*Address* 116 Thames St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

Permit No. 45204 #45204 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

*Date of Death,* ~~December~~ January 2nd 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maud J. Hunter

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* Years, 6 Months, 13 Days.

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Cecil Co - Md

*Duration of Residence in the City of Baltimore,* About 8 months

*Place of Death,* {Give street and number.} 104 Hanover St

*Cause of Death,* First, (Primary.) Marasmus.

Second, (Immediate.) "

*Duration of Last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Cecil Co. Md

*Date of Burial,* Jan. 3d 1881

*Undertaker,* Francis O. Hunter

*Place of Business,* 104 Hanover St

~~Dr. Beck~~ M.D.,

~~Medical Attendant~~ Coroner

*Address,* 101 E. Sharp St.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit Permit No. 2014

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this certificate.

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 450205

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 31 1931 BALTIMORE.

## CERTIFICATE OF DEATH.

*Date of Death,* Jan 2nd 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane F. Wilson

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 61 *Years,* — *Months,* — *Days.*

*Color,*

*Married, ~~Single,~~ Widow ~~or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,* Life

*Place of Death,* {Give street and number} Cor Emory & Hanover Sts

*Cause of Death,* First, (Primary.) Consumption

Second, (Immediate.)

*Duration of last Sickness,* 5 years

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cem

*Date of Burial,* Jan. 3d 1880

*Undertaker,* Wm H. Hickman

*Place of Business,* Lexington

James A Steuart M. D.

~~Medical Attendant~~ Comm of Health

*Address,* Register

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Exam by Dr. O. Fitzpatrick

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

OVER.

Permit No. 43206 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JAN 31 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* December 31 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} E A Perkins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 61 *Years,* *Months,* *Days.*

*Color,* W

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Hous Wife

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} ~~Baltimore~~ North Carolina

*Duration of Residence in the City of Baltimore,* 4 years

*Place of Death,* {Give street and number.} 411 Lamvale

*Cause of Death,* First, (Primary.) Phthisis

Second, (Immediate.)

*Duration of Last Sickness,* about two years

**All the above information should be furnished by the Physician.**

*Place of Burial,* Loudon Park

*Date of Burial,* Jan 2nd 1881

*Undertaker,* Andrews & Hodges

*Place of Business,* No 4 & 6 Druid Hill Ave

[illegible] M.D.,

Medical Attendant.

*Address,* Prestman & Carey st

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

Permit No. 45207

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 2 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* January 1st 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Malone

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 8 *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* none

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto Md

*Duration of Residence in the City of Baltimore,* since birth

*Place of Death,* {Give street and number} 47 Elliott St

*Cause of Death,* First, (Primary,) Convulsions

Second, (Immediate,)

*Duration of last Sickness,* Has been sick many days

All the above information should be furnished by the Physician.

*Place of Burial,* St Patricks Cem

*Date of Burial,* Jan 3 1881

*Undertaker,* W. Clark & Son

*Place of Business,* 464 E. Balto St

E. Williams M. D.
Medical Attendant.

*Address,* 17 Paca St

### *Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4520 8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, Jan 1 — 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Morris

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 34 Years, Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 344 Alice Ann St.

Cause of Death, First, (Primary,) Phthisis, Pulmonarie

Second, (Immediate,)

Duration of last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Jan 3 1881

Undertaker, H. M. Gibmeyer

Place of Business, 341 Canton Ave

E. N. Janney M. D.
Medical Attendant.

Address, Boston & Potomac Sts

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

JAN 3 1881

Permit No. 45209

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Jan 2d 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Dignan

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 70 *Years,* — *Months,* — *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,* Laborer

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Ireland

*Duration of Residence in the City of Baltimore,* 40 years —

*Place of Death,* {Give street and number} 33 N. Amity

*Cause of Death,* First, (Primary,) Bronchial Catarrh and

Second, (Immediate,) Diarrhoea

*Duration of last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Mt. Holly cem[etery]

*Date of Burial,* Jany 4th 1881

Edwd F. Mulholland M. D.
Medical Attendant.

*Undertaker,* Mr. Neumuth

*Place of Business,*

*Address,* 283 W. Lombard

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# *Board of Health, City of Baltimore,*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

*Permit No.* 45210

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 3 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Jan. 2nd, 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} David S. April

*Sex, Male or Female,* {cross out the word not required in this line.} Male

*Age,* 38 *Years,* ____ *Months,* ____ *Days.*

*Color,* White

*Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,* {Cross out the word not required in this line.} ____

*Occupation,* Mariner

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore City Md.

*Duration of Residence in the City of Baltimore,* Since Birth.

*Place of Death,* {Give street and number} # 307 Bank St.

*Cause of Death,* First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ____

*Duration of last Sickness,* 7 months.

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* January 1st 1881

John H. Rehberger M. D.
Medical Attendant.

*Undertaker,* Denny & Mitchell

*Place of Business,* 63 S Broadway *Address,* # 243 Aliceanna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 45211

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 3 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* January 1st 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Jones

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 46 *Years,* *Months,* *Days.*

*Color,* Colored

*Married, ~~Single, Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,* Cook

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Howard Co Md

*Duration of Residence in the City of Baltimore,* 26 years

*Place of Death,* {Give street and number} 62 Camel Alley

*Cause of Death,* First, (Primary,) Cancer

Second, (Immediate,) Uteri

*Duration of last Sickness,* 18 mo

All the above information should be furnished by the Physician.

*Place of Burial,* Samuel Cemetery

*Date of Burial,* January 3

*Undertaker,* Hercules Ross

*Place of Business,* 95 Dallas

Edmund E Walker M. D.
Medical Attendant.

*Address,* 183 Linden Ave

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

Permit No. 4 5 2 7 2 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* January 1st 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E. Hobbs

*Sex,* ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

*Age,* 76 *Years,* *Months,* *Days.*

*Color,* White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* 6 years

*Place of Death,* {Give street and number.} 293 E Fayette Street

*Cause of Death,* First, (Primary.) Tuberculosis

Second, (Immediate.) Bronchitis with pneumonia

*Duration of Last Sickness,* About three weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Holy Cross Cemetery

*Date of Burial,* January 3rd 1881

*Undertaker,* James D Byrne

*Place of Business,* No 63 N Front St

Milton A Taylor M.D.,
Medical Attendant.

*Address,* Broadway & McElderry

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45213

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 17 BALTIMORE

*Date of Death,* Jan 2 1881

*Full Name of Deceased,* { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Francis Dean

*Sex, Male or ~~Female~~,* { Cross out the word not required in this line. } Male

*Age,* *Years,* *Months,* 9 6 *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* { Cross out the word not required in this line. } Single

*Occupation,* Child

*Birthplace,* { State or Country and how long in the United States, if of foreign birth. } Balto.

*Duration of Residence in the City of Baltimore,* Life time

*Place of Death,* { Give street and number. } 63 S. Eutaw St.

*Cause of Death,* { First, (Primary.) } Capillary Bronchitis

{ Second, (Immediate.) } Exhaustion

*Duration of Last Sickness,* 5 days.

All the above information should be furnished by the Physician.

*Place of Burial,* Bath Cemetery

*Date of Burial,* Jan 3rd 1881

*Undertaker,* James, D. Byrne

*Place of Business,* No 63 N Front St

Edward J. McDevitt M.D.,
Medical Attendant.

*Address,* 167 N Calvert St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 15214

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* January 2nd 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Fink

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* 2 6 *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore. Md.

*Duration of Residence in the City of Baltimore,* lifetime

*Place of Death,* {Give street and number} S. W. Cor. Baltimore & Albemarle Sts

*Cause of Death,* First, (Primary,) Sequele of Scarletina

Second, (Immediate,) Anemia

*Duration of last Sickness,* about two weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetery

*Date of Burial,* January 4th 1881

*Undertaker,* D. M. Meyer

*Place of Business,* 12 N. Balto. St

D W Cattell M. D.
Medical Attendant.

*Address,* 2 W Broadway

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

# Board of Health, City of Baltimore,

Permit No. 4527.15

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT JAN 1891 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* January 1. 89

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbary Lifsitch

*Sex, ~~Male or~~ Female,* {cross out the word not required in this line.}

*Age,* 23 *Years,* *Months,* *Days.*

*Color,* White

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.}

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} Cor. Hanover & Fremont Sts.

*Cause of Death* {First, (Primary,) Consumption

Second, (Immediate,)

*Duration of last Sickness,* Several Wks — whole time 5 or 6 Yrs

All the above information should be furnished by the Physician.

*Place of Burial,* Hebrew Hebrews Cemetery

*Date of Burial,* Jan 4th 1881

*Undertaker,* Peter Kümmerl

*Place of Business,* 317 Hulburg St

Louis M Eastman M. D.
Medical Attendant.

*Address,* 249 Lee

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45216

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 8 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* January 2 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Christina Reed

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 1 *Months,* 4 *Days.*

*Color,*

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number} 10 Smith St

*Cause of Death,* First, (Primary,) Croup Membranous

Second, (Immediate,) Suffocation

*Duration of last Sickness,* 4 days

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* January 4. 1881

*Undertaker,* Walter Lemmle

*Place of Business,* 252 West Baltimore

C. Winslow M. D.
Medical Attendant.

*Address,* 23 McCulloh St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Permit No. 45217 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JAN 8 1921 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* Jan, 2nd 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Dorr

*Sex, ~~Male or~~ Female,* {Cross out the word not required in this line.}

*Age,* 2 *Years,* 7 *Months,* *Days.*

*Color,* White

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore City

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} N. W. cor Charles & Henrietta St.

*Cause of Death,* First, (Primary.) Scarlatina

Second, (Immediate.) Acute Pneumonia

*Duration of Last Sickness,* 5 weeks

All the above information should be furnished by the Physician.

*Place of Burial,* Baltimore Cemetry

*Date of Burial,* Jan 4 1881

*Undertaker,* Henry Brice

*Place of Business,* Hennetta St 81

H. F. N. Tate, M.D.,
Medical Attendant.

*Address,* 152 Shroeder St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and, the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45218 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

BALTIMORE 1881

# CERTIFICATE OF DEATH.

*Date of Death,* Dec. Jan 1 1882

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Morrow,

*Sex, Male or ~~Female,~~* {Cross out the word not required in this line.}

*Age,* ..... *Years,* 10 *Months,* 2 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Balt

*Duration of Residence in the City of Baltimore,*

*Place of Death,* {Give street and number.} 25 S. Eut. St.

*Cause of Death,* First, (Primary.) Scalds,

Second, (Immediate.) Ex Lockjaw

*Duration of Last Sickness,* One month

All the above information should be furnished by the Physician.

*Place of Burial,* Green Mount.

*Date of Burial,* January 3rd, 1882

*Undertaker,* Wm. H. Hickman

*Place of Business,* 234 E. Gay St.

G. G. Link M.D.
Medical Attendant.

*Address,* Balt. & Paca sts.

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 45219 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

# CERTIFICATE OF DEATH.

*Date of Death,* January 2nd 1881.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Kemp

*Sex, ~~Male~~ or Female,* {Cross out the word not required in this line.}

*Age,* 65 *Years,* — *Months,* — *Days.*

*Color,* White

*~~Married, Single~~, Widow or ~~Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth.} Baltimore

*Duration of Residence in the City of Baltimore,* Since Birth

*Place of Death,* {Give street and number.} 563 Light St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Diarrhea (Chronic)

*Duration of Last Sickness,* 3 months

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetery

*Date of Burial,* Jan 4 th 1881

*Undertaker,* John Mackin

*Place of Business,* Rice & Candell

Thornton Cook M.D.,
Medical Attendant.

*Address,* 146 Hanover St

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 45220

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Jan 3d 1881.

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Luther Muhl

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 3 *Years,* 1 *Months,* 7 *Days.*

*Color,* white

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Balto City

*Duration of Residence in the City of Baltimore,* life

*Place of Death,* {Give street and number} 250 Hamburg St

*Cause of Death* { First, (Primary,) Hydrocephalus
Second, (Immediate,) 2 Weeks

*Duration of last Sickness,*

All the above information should be furnished by the Physician.

*Place of Burial,* Western Cemetry

*Date of Burial,* Jan 4th

*Undertaker,* Henry Brier

*Place of Business,* Hanover St 81

J. H. Emmy M. D.
Medical Attendant.

*Address,* 76 Hoval St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 4524

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

*Date of Death,* Thursday December 31st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Welch

*Sex, Male or Female,* {cross out the word not required in this line.}

*Age,* 1 *Years,* 4 *Months,* ..... *Days.*

*Color,* Colored

*Married, Single, Widow or Widower,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or country, (and how long in the United States, if of foreign birth.} Maryland

*Duration of Residence in the City of Baltimore,* Since birth

*Place of Death,* {Give street and number} 203 Lane St.

*Cause of Death* First, (Primary,) Pneumonia

Second, (Immediate,)

*Duration of last Sickness,* 7 days

All the above information should be furnished by the Physician.

*Place of Burial,* Sharp St Cemetery

*Date of Burial,* Jan 3 1881

*Undertaker,* William N Benzer

*Place of Business,* No 62 East St. *Address,* 332 N Eutaw St

J Hamilton Storrs M. D.
Medical Attendant.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 45222 — *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**No Permit for Burial Can be Obtained Without a Proper Certificate.**

# CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH 1881 BALTIMORE

*Date of Death,* Jan. 2d 1881

*Full Name of Deceased,* {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Dyson

*Sex, ~~Male or Female~~,* {Cross out the word not required in this line.}

*Age,* 5 *Years,* *Months,* *Days.*

*Color,* Colored

*~~Married~~, Single, ~~Widow or Widower~~,* {Cross out the word not required in this line.}

*Occupation,*

*Birthplace,* {State or Country and how long in the United States, if of foreign birth} Balti.

*Duration of Residence ~~in the City of~~ Baltimore,* Life time

*Place of Death,* {Give street and number.} 32 Hanover St

*Cause of Death,* First, (Primary.)

Second, (Immediate.) Convulsions

*Duration of Last Sickness,* 24 hours

All the above information should be furnished by the Physician.

*Place of Burial,* Laurel Cemetery

*Date of Burial,* Jan 3d 1881

*Undertaker,* H. Emil Kyunge

*Place of Business,* 162 East St,

Edward [illegible] M.D.,
Medical Attendant.

*Address,* 154 Caroline

## Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 15223

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 3 1881 BALTIMORE

## CERTIFICATE OF DEATH.

Date of Death, January 2nd, 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Heckman

Sex, Male or Female, {cross out the word not required in this line.}

Age, 2 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number} 16 Bradford alley

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,)

Duration of last Sickness, Four Days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 3d 1881

Undertaker, Henry Sanders

Place of Business, 5 Canton Ave.

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore***

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

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# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

**Permit No.** 45224 #45244

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

**NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.**

HEALTH DEPARTMENT 1881 BALTIMORE

## CERTIFICATE OF DEATH.

*Date of Death,* Jany 1st 1880

*Full Name of Deceased,* {Write legibly and spell correctly. If an infant not named, give names of parents.} Nathaniel ~~James~~ Collins

*Sex, Male or Female,* {Cross out the word not required in this line.}

*Age,* 68 *Years,* — *Months,* — — *Days.*

*Color,* Black *Sex,* Male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

*Occupation,* Whitewasher

*Birthplace,* {State or country (and how long in the United States, if of foreign birth.} Virginia

*Duration of Residence in the City of Baltimore,* Twenty Years

*Place of Death,* {Give street and number.} No 2 Hamilton St.

*Cause of Death,* First (Primary,) Urinary abscess from ~~Phthisis~~ Stricture

Second (Immediate,) Pyaemia

*Duration of Last Sickness,* Five weeks

All the above information should be furnished by the Physician.

*Place of Burial,* St Paul's Cemetery *Thos Purnell* M. D.

*Date of Burial,* January 3rd 1880 Medical Attendant.

*Undertaker,* Samuel S. Chase 143 N Chandler

*Place of Business,* 198 South Howard St Address

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.***

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.